

PSYCHIATRIC MENTAL HEALTH NURSES' PERSPECTIVES ON
PROFESSIONAL BOUNDARIES

by

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ABSTRACT

The therapeutic nurse-patient relationship is essential to psychiatric mental health nursing practice. Psychiatric mental health nurses must develop and maintain a positive therapeutic relationship with patients while upholding professional boundaries. The definition of professional boundaries is elusive and leaves much room for interpretation. Lack of a clear definition can impair nurses' knowledge and understanding of professional boundaries, which can lead to potential boundary violations. Currently literature does not represent the subjective definitions individual psychiatric mental health nurses have regarding professional boundaries.

The purpose of this study was to explore the definitions of professional boundaries from the perspectives of psychiatric mental health nurses. All participants had a current registered nursing license, were currently employed at the sample hospital, and provided informed consent for participation. To address this purpose, answers to the following research questions were sought: 1) How do psychiatric mental health nurses define professional boundaries, 2) How does the psychiatric mental health nurse's definition of professional boundaries affect her or his practice, and 3) What challenges do psychiatric mental health nurses face in maintaining professional boundaries.

To answer the research questions, a sample of seven psychiatric mental health nurses who practice at a hospital in Montana were interviewed using qualitative open-ended questions. Based on the participants response four themes relating to definitions of professional boundaries were identified. The themes were: (a) distinct to mental health, (b) changes throughout career, (c) relates to patient age, and (d) impact on practice. The results suggest the need for additional research on professional boundaries in a variety of psychiatric and non-psychiatric settings. The results of this study also offer many implications for future practice including regular staff training, thorough educational foundation, administrative attention to boundary violations and adequate self-care.

The outcomes of this study can be used to guide psychiatric mental health nurses, nurse administrators, and healthcare organizations in promoting the therapeutic relationship while maintaining professional boundaries.

CHAPTER ONE

INTRODUCTION

The therapeutic nurse-patient relationship is vital to psychiatric mental health nursing practice and has been associated with positive therapeutic outcomes for patients in a range of clinical settings (Dziopa & Ahern, 2009). An established therapeutic relationship between nurse and patient provides safety for patients to express their fears, experiences, and memories (Wheeler, 2014). While establishing and maintaining a therapeutic relationship, nurses have an obligation to practice in a manner consistent with professional standards. In order to uphold these standards, nurses must have a clear understanding of professional boundaries and be diligent in maintaining these boundaries (National Council for State Boards of Nursing, n.d.). The nurse-patient relationship is intended to be therapeutic and the responsibility falls on the nurse to set and maintain personal and professional boundaries. To maintain these boundaries nurses must refrain from obtaining personal gain at the patient's expense and abstain from inappropriate involvement in patient's personal relationships (National Council for State Boards of Nursing, n.d.).

Background and Significance of Study

The formation of a quality therapeutic relationship between nurses and patients is important in all areas of nursing; however, this relationship in mental health nursing is the core of practice, and a key component for positive patient outcomes (Dziopa &

Ahern, 2009). A quality, therapeutic nurse-patient relationship has been connected to positive patient outcomes such as facilitation of problem solving, increased patient medication adherence, and promotion of least restrictive care environments, which helps to improve quality of life (Dziopa & Ahern, 2009). To fully understand the uniqueness of each patient and situation, mental health nurses must go beyond what is expected of most health professionals to obtain an in-depth personal knowledge of the patient (Shattel, Starr, & Thomas, 2007). The therapeutic relationship requires the psychiatric nurse to be consistent and trustworthy, unconditionally accepting, caring, warm and available while maintaining clear boundaries (Wheeler, 2014).

In order to promote and protect key elements of a therapeutic relationship, professional boundaries between the mental health nurse and the patient must be established and upheld (Baca, 2011). Furthermore, “Professional boundaries are an intricate aspect of the nurse’s work; they allow for a safe personal connection between patients and their healthcare providers” (Baca, 2011, p. 195).

Nurses practicing in the psychiatric/mental health field face increased challenges in maintaining professional boundaries as compared to other areas of healthcare. According to Berg and Hallberg (2000) “Caring for those with mental illness demands an intensified presence, not allowing one to glide away, close the door or just disappear” (p. 329). The therapy process necessitates an emotional intensity for both the patient and the psychiatric nurse. Due to the unique characteristics of the mental health nurse-patient relationship, professional boundaries may have numerous definitions and interpretations. Professional boundaries are elusive by nature; therefore nurses must work to develop the

highly specialized skills necessary in evaluation and identification of real or potential boundary violations.

Problem Statement

Maintaining professional boundaries is essential in protecting both the patient and the mental health nurse, and to promote a functional therapeutic relationship (Dziopa & Ahern, 2009). Aspects of the mental health nurse-patient relationship such as familiarity and trust, the desire to help, and complexity of patient's treatment needs have potential to create boundary violations (Peternelj-Taylor & Yonge, 2003). Simon (1999) concluded that overstepping professional boundaries is an occupational hazard experienced by psychiatric mental health nurses.

The definition of professional boundaries is elusive and leaves much room for interpretation. According to Zur (2006), "From Freud onwards there has been no common ground among mental health professionals on the meaning and application of therapeutic boundaries" (para. 1). Lack of a clear definition can impair nurses' knowledge and understanding of professional boundaries, which can lead to potential boundary violations. Currently literature does not represent the subjective definitions individual nurses identify regarding professional boundaries.

Purpose of Study

The purpose of this study was to explore the definitions of professional boundaries from the perspectives of psychiatric mental health nurses. To address this

purpose, answers to the following research questions were sought: 1) How do psychiatric mental health nurses define professional boundaries, 2) How does the psychiatric mental health nurse's definition of professional boundaries affect her or his practice, and 3) What challenges do psychiatric mental health nurses face in maintaining professional boundaries. To answer these questions, a sample of psychiatric mental health nurses who practice at a hospital in Montana were interviewed using qualitative open-ended questions.

Exploration of these questions provided valuable insight into the unique and individualized meanings of professional boundaries. Additionally, identification of differing views may assist in providing recommendations for practice.

Theoretical Framework

This research study utilized the framework of the Professional Behavior Continuum identified by the National Council for State Boards of Nursing. The graphic in Figure 1 illustrates this continuum.

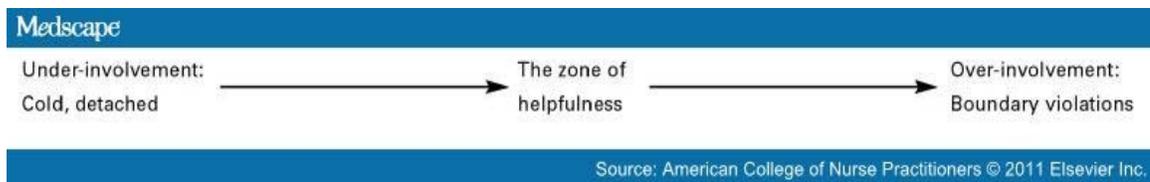


Figure 1. Continuum of professional behavior. Reprinted from “Professional Boundaries and Dual Relationships in Clinical Practice,” by M. Baca, 2011, *Journal for Nurse Practitioners*, 7(3). http://www.medscape.com/viewarticle/739365_2

Nurse-patient relationships can be understood on a continuum from therapeutic to non-therapeutic behavior. The right side of the continuum indicates over-involvement by

the nurse, which leads to potential boundary crossing and/or violation. On the left side of the continuum is under-involvement, characterized by distance, disinterest, and neglect by the nurse. The center represents the “Zone of Helpfulness” which indicates patient-centered care. The optimal therapeutic relationship between the mental health nurse and the patient lies within the Zone of Helpfulness. In order to provide effective care and positive patient outcomes, interactions with patients must take place in the Zone of Helpfulness (National Council for State Boards of Nursing, n. d.).

The Professional Behavior Continuum was used to guide the research by providing a frame of reference for therapeutic relationships. The psychiatric mental health nurses participating in this study were asked about their definitions of professional boundaries, how this definition affected their practice, and what challenges they faced in maintaining professional boundaries. The Professional Behavior Continuum was applied to information collected from participants in order to better understand the therapeutic relationships they described.

Definition of Terms

For the purpose of this study the term “psychiatric mental health nursing” was hereby defined as, “A specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders” (International Society of Psychiatric-Mental Health Nurses, 2006, p. 3).

CHAPTER TWO

LITERATURE REVIEW

Maintaining professional boundaries in nursing “allows the nurse to control the power differential and allows for a safe interaction to best meet the patient’s needs” (National Council for State Boards of Nursing, n.d., p. 4). This chapter includes a summary of the available research literature that pertains to the therapeutic nurse-patient relationship, professional boundaries in psychiatric mental health nursing, and challenges in maintaining professional boundaries.

Therapeutic Nurse-Patient Relationship in Psychiatric Mental Health Nursing

Recent literature reflects the importance of establishing and maintaining the therapeutic relationship in psychiatric mental health nursing. While the therapeutic nurse-patient relationship has meaning in all fields of nursing, it is a critical component of positive patient outcomes in psychiatric mental health nursing.

Hawamdeh and Fakhry (2013) conducted a study examining the qualities of the therapeutic relationship from the perspective of psychiatric mental health nurses. They interviewed 17 psychiatric mental health nurses working in two psychiatric public hospitals providing outpatient and inpatient services. The nurses identified providing patients with physical care, conveying safety and security, and protection and companionship as constituting the therapeutic relationship. Furthermore, the authors found that the therapeutic relationship was more readily established when nurses were

attentive to patients' cultural and religious beliefs (Hawamdeh & Fakhry, 2013).

A study conducted by Long and Jenkins (2010) examined the role of the therapeutic relationship with patients who self-harm. Participants included eight counselors who had experience working with patients who self-harm. The researchers concluded that caring for individuals who self-harm could make the therapeutic relationship particularly complicated; however participants affirmed that the therapeutic relationship was key to effective treatment and “the relationship must be a safe, neutral and confidential space for clients” (Long & Jenkins, 2010, p. 196). Additionally, participants identified a sensitive, gentle environment free of judgment as crucial in development and maintenance of the therapeutic relationship.

Jaeger, Weibhaupt, Flammer and Steinert (2014) explored the associations between therapeutic relationships and medication compliance in chronically ill schizophrenic patients. The cross-sectional study included 69 adult participants who had been diagnosed with schizophrenia or schizoaffective disorder and were currently being treated on an outpatient basis. The study utilized self-rating scales to measure medication adherence and the quality of the therapeutic relationship. The findings of the study indicated, “A trustful working alliance between therapists and patients is supportive for medication adherence in patients with schizophrenia” (Jaeger, Weibhaupt, Flammer & Steinert, 2014, 914). Based on the results of this study, the researchers recommended that psychiatric providers place emphasis on establishing and maintaining a positive relationship with patients to promote medication adherence.

Professional Boundaries in Psychiatric Mental Health Nursing

The research literature suggests that professional boundaries are an important consideration in establishing and maintaining therapeutic relationships with patients.

Gutheil (2005) provided a thorough overview of professional boundaries in a psychiatric setting and identified and clarified definitions related to boundaries. He pointed out that the responsibility of maintaining professional boundaries always falls on the clinician because patients do not have a professional code to uphold. Gutheil (2005) defined a boundary as, “the edge of appropriate, professional conduct” (p. 89). An accurate definition is virtually impossible because the concept of professional boundaries is highly context dependent. According to Gutheil (2005) a breach of professional boundaries can fall into two categories, boundary crossing and boundary violations. A boundary crossing is defined as, “Transient, nonexploitative deviations from classical therapeutic or general clinical practice in which the treater steps out to a minor degree from strict verbal psychotherapy. These crossings do not hurt the therapy and may even promote or facilitate it” (p. 89). In contrast, boundary violations, “constitute essentially harmful deviations from the normal parameters of treatment—deviations *do* harm the patient, usually through some sort of exploitation that breaks the rule first do no harm” (p. 89).

Scanlon (2006) investigated nurses’ understanding of the process involved with the development of therapeutic relationships. The study examined the perspectives of six registered psychiatric nurses using semi-structured interviews. The concept of therapeutic boundaries was among the themes identified from the interviews. The subjects

acknowledged confusion regarding how engaged they could become with patients while still maintaining professionalism. One participant stated, “It comes down to that balance of getting as close as you can to a patient but keeping your distance. They don’t need to know a lot of personal information about you” (Scanlon, 2006, p. 325). Scanlon (2006) concluded that in order to ensure appropriateness of behavior, an emotional distance is necessary in maintaining therapeutic boundaries and developing a therapeutic relationship.

Shattell, Starr, and Thomas (2007) examined the therapeutic relationship from the perspective of mental health service recipients. The findings of this study challenge the belief that psychiatric mental health nurses need to maintain an emotional distance with clients in order to have a successful therapeutic relationship. For example, the participants valued feeling they were relating to the health-care professional through, “personal attributes, mutual investment, particular communications techniques, and self-disclosure” (Shattell, Starr, & Thomas, 2007, p. 278). Participants identified physical contact, such as a hug or touch on the shoulder, as helping them relate to the health-care professional, and in turn made them feel special through the connection. Furthermore, the participants felt the therapeutic relationship was stronger when the health-care professional showed, “in-depth personal knowledge of an individual, beyond that expected of the professional” (Shattell, Starr, & Thomas, 2007, p. 280).

Gardner (2010) had findings similar to those of Shattell, Starr, and Thomas (2007) in a study in which he explored the therapeutic relationship and professional boundaries from the perspectives of community mental health nurses. Gardner (2010) identified the

concept of ‘therapeutic friendliness’ as a stepping-stone in the development of the therapeutic relationship, “The use of therapeutic friendliness facilitates a connection with the patient that allows the therapeutic relationship to develop” (Gardner, 2010, p. 142). The beginning of the therapeutic relationship includes a time when the patient and the nurse are getting to know one another outside of professional roles. Comments from the participants in this study reflected the idea that therapeutic work cannot begin until there is a strong connection between the patient and the nurse. Based on responses, the participants would strive to maintain professional boundaries, which would provide the patient feelings of security to explore their own emotions. Additionally, the participants emphasized the importance of restricting the influence of their own feelings and emotions within the relationship. Gardner (2010) concluded that having friendliness within the context of the therapeutic relationship is of benefit to patients; however social interactions outside the therapeutic relationship were not appropriate.

In a study conducted by Malone, Reed, Norbeck, Hindsman, and Knowles (2004) a training model was implemented to teach mental health clinicians and case managers about professional boundaries. The researchers presented a structured teaching model to 198 staff members in three medical center sites. The primary goal of the 90-minute program “was to provide an educational opportunity in which participants could safely discuss common boundary dilemmas” (Malone et al., 2004, p. 199). Following the training model, the majority of the participants were able to accurately define therapeutic boundaries and provide specific examples of boundary transgressions; however participants were not always in agreement when subtler boundary issues were referenced.

Based on their findings, the researchers recommended regular staff in-services and continuing education related to professional boundaries. According to the researchers, “To support training efforts, it is imperative that health organizations’ policies on therapeutic boundaries provide clarity and specificity” (Malone et al., 2004, p. 201).

The focus of professional boundaries in relation to protecting the therapeutic relationship was examined in a study conducted by Gardner, McCutcheon and Fedoruk (2010). The authors believed that maintaining professional boundaries is imperative to clinical practice. A breach of professional boundaries can lead to an already vulnerable patient becoming more emotionally impaired. Additionally, clinicians who commit boundary breaches may be subject to disciplinary action and have restrictions placed on their license (Gardner, McCutcheon, & Fedoruk, 2010). Study participants included 15 self-selected mental health nurses. Intensive face-to-face interviews were utilized to collect data. A consensus from participants illustrated that maintaining professional boundaries can be difficult due to the lack of a universal definition of the concept of professional boundaries. Gardner, McCutcheon, and Fedoruk (2010) stated, “The uncertainty about boundaries, what they are, how to create and maintain boundaries, and the inherent differences in opinion amongst the professions, expert opinion, and regulators as to what constitutes a boundary crossing only adds to the confusion” (p. 260). Participants in the study identified formal clinical supervision as a means of assisting them in navigating professional boundary questions and issues.

In a study conducted by Taylor (2014), practitioners identified experiences that contributed to their ability to set boundaries with patients. The researcher utilized

individual interviews with 13 biofeedback therapists to collect qualitative data for this study. Participants identified discovering and developing their self-awareness and ability to utilize oneself therapeutically as helping them develop role clarity and therefore aided in setting boundaries with patients. A common theme identified by the participants was uncertainty and anxiety with knowing when and how to draw boundaries.

Challenges in Maintaining Professional Boundaries

The challenges and difficulties involved in maintaining appropriate professional boundaries with psychiatric mental health patients has been the focus of a limited number of studies.

Audet (2011) explored the concept of self-disclosure in relation to professional boundaries in a qualitative study conducted from the clients' perspective. According to the author, self-disclosure by a clinician can have therapeutic benefit; however, sharing of personal information can also generate professional boundary issues. Audet (2011) stated, "On one hand, therapist disclosure is viewed as a boundary violation that deviates from the 'normal' therapeutic stance and taints the therapist's appearance as a competent, expert professional. On the other hand, it is accepted as a viable therapeutic technique that loosens client-therapist boundaries and significantly humanizes the therapist to the client's level" (p. 90). Participants in the study included nine clients who were currently receiving mental health services from a therapist. Findings of the study included both positive and negative experiences with self-disclosure from the clients' perspective. Participants described positive experiences when the clinician's disclosure was,

“infrequent, low-to-moderately intimate, similar to their experiences, or responsive to their needs and the emerging therapeutic relationship” (Audet, 2011, p. 92). Negative experiences with self-disclosure were described as, “too frequent, repetitive, lengthy with superfluous detail, incongruent with their issue or personal values, or poorly attuned to their needs or the therapeutic context” (Audet, 2011, p. 92). Participants in the study expressed feelings of concern that self-disclosure has the potential to change the therapeutic relationship into a friendship, which was seen as inappropriate in this context. Audet (2011) concluded that although personal disclosure by clinicians had the potential to effect professional boundaries, there were times when appropriate sharing of personal information could strengthen the therapeutic relationship.

Maintaining professional boundaries has been complicated in recent years with the increasing popularity of social media. A study conducted by Ginory, Sabatier and Eth (2012), examined boundary crossing by psychiatric healthcare providers through social networking. The researchers distributed an anonymous survey regarding the use of Facebook. Of the 182 psychiatric healthcare providers who completed the study, 85% reported having a current Facebook account (Ginory, Sabatier, & Eth, 2012). Fifteen providers reported they had received a “friend request” from a current patient; none reported accepting the request. Six providers confirmed receiving a request from a former patient with one participant accepting. None of the providers reported “friend requesting” a patient; however 29 providers endorsed having looked up a patient’s profile on Facebook. Participants reported having concerns that rejecting a friend request from a patient may have a negative effect on the therapeutic alliance. The researchers discussed

the importance of declining friend requests from patients in order to avoid boundary transgressions; however the investigators recommended that providers explain the rationale for declining to the patient in order to minimize the effect on the relationship.

Professional boundary crossings by healthcare professionals can have a range of lasting negative impacts on clients. In a study by Endacott, Wood, Judd, Hulbert, Thomas and Grigg (2006) the impact professional boundary crossings on mental health practices was examined. Participants included a range of mental health clinicians from metropolitan, regional, and rural areas. Findings of the study indicated that professional boundaries were more frequently breached in rural and regional settings, frequently as a result of dual relationships. A dual relationship exists when two or more distinct relationships are present with the same person (Endacott et al., 2006). For example, a dual relationship exists when a clinician has a patient who is also their child's soccer coach. Dual relationships are often considered an inevitable feature in rural practice (Endacott et al., 2006). The results of this study indicated that boundary crossings can have both negative and positive effects. Participants identified, "negotiating clearly defined and mutually understood therapeutic boundaries with the patient" (Endacott et al. 2006, p. 993) as important in navigating dual relationships. Based on the findings in this study the authors recommended education, training, and support for clinicians in rural areas who inevitably face challenges related to professional boundaries and dual relationships (Endacott et al., 2006).

Summary

Current literature reflects the importance of the therapeutic relationship in psychiatric mental health nursing and the role of professional boundaries in establishing and maintaining this relationship. The review of literature revealed little data specific to how psychiatric mental health nurses define professional boundaries and how their definition impacts their practice.

CHAPTER THREE

METHODS

This chapter includes a description of the methods utilized to address the purpose and research questions in this study. The design, population and sample, procedures for data collection, instrumentation, rights of human subjects and consent process, and data management and analysis are described.

Design

In order to explore the definitions of professional boundaries from the perspectives of psychiatric mental health nurses, a descriptive qualitative approach was utilized. According to Sandelowski (2000), “Qualitative descriptive studies offer a comprehensive summary of an event in the everyday terms of those events” (p. 336). A descriptive qualitative approach is appropriate for this study because the study attempts to summarize a phenomenon or events (Polit & Beck, 2012). Furthermore, “Qualitative description is especially amenable to obtaining straight and largely unadorned answers to questions of special relevance to practitioners” (Sandelowski, 2000, p. 337).

Population and Sample

For the purpose of this study, the population of interest was registered nurses who practice psychiatric mental health nursing. Potential subjects from the target population were recruited from one hospital in a Montana town. For the purpose of descriptive

qualitative research, there are no specific rules regarding sample size (Polit & Beck, 2012). Based on what was realistic given the time available for the study, the target sample size for this study was 8-10 mental health registered nurses. In order to meet the inclusion criteria for this study the participants were required to: (a) have a current registered nursing license, (b) be currently employed at the identified hospital, and (c) provide informed consent for participation.

The hospital chosen for this study is located in a town of approximately 29,596 residents (U.S. Census Bureau, 2014). The hospital provides psychiatric care for children and adolescents from Montana and neighboring states. The hospital has 84 beds and offers acute inpatient treatment, residential treatment programs, and genetics services.

In order to obtain the necessary sample size, convenience sampling was used for this study. According to Polit & Beck (2012), “Convenience sampling may work well with participants who need to be recruited from a particular clinical setting or from a specific organization” (p. 516). The researcher contacted the Director of Nursing at the hospital who agreed to forward an email drafted by this researcher to all registered nurses employed by the facility. The email included the name and a description of the study, an invitation to participate in the study, and the email and phone number for the researcher. The recipients of the email were directed to email or call the researcher if they were interested in participating in the study. The first 10 individuals to contact the researcher who met the inclusion criteria were selected for the study.

Procedures for Data Collection

In order to address the purpose of the study, semi-structured interviews were used for data collection. Semi-structured interviews were utilized in order to ensure the topic in question was thoroughly covered. This type of interviewing provides structure for the interview while leaving the participant the opportunity to answer freely (Polit & Beck, 2012). Data from participants were gathered from face-to-face interviews using a predetermined set of interview questions. The interview questions were developed by the researcher based on the study's research questions and purpose. According to Polit and Beck (2012), "This technique ensures that researchers will obtain all the information required, and it gives people the freedom to provide as many illustrations and explanation as they wish" (p. 537).

Instrumentation

Prior to interviewing participants, an interview guide with a set of semi-structured open-ended questions was developed by the researcher (Appendix B). The questions were developed in order to address the purpose and research questions of this study. The interview guide included a brief set of demographic questions to provide a general description of the participants. Additionally, prompts were provided to encourage subjects to further expound on their responses to the open-ended questions, and also to clarify any ambiguity in responses. The researcher took detailed hand-written notes during the interview.

Human Subjects and Consent Process

Steps were taken to ensure the rights of human subjects were protected. Prior to initiation of the study, an application for review by the Institution Review Board (IRB) at Montana State University (MSU) was submitted. Approval from the IRB was obtained on February 27, 2015.

Following approval from the IRB, the Director of Nursing at the hospital sent an email drafted by the researcher to all registered nurses on staff. The email included the name and description of the study, who was conducting the research, an invitation to participate in the study, and the email and phone number for the researcher. Additionally, the email included information about the structure and estimated length of the interview and communicated that participation was voluntary and participants could withdraw from the study at any time. When potential participants contacted the researcher, an appointment for an interview was scheduled for a time and location convenient for the participant. Prior to the face-to-face interview with participants, a written consent form was provided (see Appendix A). The written consent form was used to inform participants of their rights and provide written informed consent information.

Data Management and Analysis

“The purpose of data analysis is to organize, provide structure to, and elicit meaning from data” (Polit & Beck, 2012, p. 556). The data in this study were documented on the hand written notes on the interview guide for each participant. Directly following the interview the hand written notes were typed and saved in a secure

computer file. The researcher then read the data as a whole in order to gain an understanding of the studied phenomenon and address the purpose and research questions.

In this study, the researcher utilized qualitative content analysis, which is a form of data analysis frequently used in descriptive qualitative studies (Polit & Beck, 2012). This method aims to analyze the content of the data in order to identify prominent themes and patterns (Polit & Beck, 2012).

CHAPTER FOUR

RESULTS

The purpose of this study was to explore the definitions of professional boundaries from the perspectives of psychiatric mental health nurses. In this chapter a summary of the results is presented and is organized according to the following categories: (a) participants, (b) how psychiatric mental health nurses define professional boundaries, (c) how the psychiatric mental health nurse's definition of professional boundaries affect her or his practice, (d) what challenges psychiatric mental health nurses face in maintaining professional boundaries, and (e) themes.

Participants

A total of seven psychiatric mental health nurses participated in the study. Participants from the target population were recruited from one hospital in a Montana town. The researcher contacted the Director of Nursing at the hospital who agreed to forward an email drafted by this researcher to all registered nurses employed by the facility. The email included information about the structure and estimated length of the interview and communicated that participation was voluntary and participants could withdraw from the study at any time. The recipients of the email were directed to email or call the researcher if they were interested in participating in the study. A total of seven nurses contacted the researcher and all agreed to be interviewed. When potential participants contacted the researcher, an appointment for an interview was scheduled for

a time and location convenient for the participant. The actual interviews took place at a local coffee shop and lasted between 30-40 minutes.

All participants had a current registered nursing license, were currently employed at the identified hospital, and provided informed consent for participation. On Table 1 a summary of the participants' demographics is presented. As can be seen in Table 1, all the participants were female and their years of experience varied.

Table 1: Demographics of Study Participants

	Number of Participants	Percentage
Years as a registered nurse:		
10 or more years	2	28.6%
5-9 years	3	42.9%
1-4 years	2	28.6%
Years as a registered nurse in a psychiatric mental health setting:		
10 or more years	1	14.3%
5-9 years	4	57.1%
1-4 years	2	28.6%
Years worked at sample hospital:		
10 or more years	1	14.3%
5-9 years	3	42.9%
1-4 years	3	42.9%
Gender:		
Female	7	100%
Male	0	0%

Research Question #1:
How Psychiatric Mental Health Nurses Define Professional Boundaries

When asked about their definition of professional boundaries, all participants (N=7) mentioned the importance of not getting overly involved with patients. Three

(n=42.9%) of the participants identified having a “one-sided relationship” as being a component of professional boundaries. One (n=14.3%) participant said, “Professional boundaries mean caring for a patient without gaining anything for yourself—giving care to the patient without getting anything back.” This was reiterated by another participant who said professional boundaries are, “How you interact with patients that addresses their needs not yours.” Two (n=28.6%) of the participants defined professional boundaries within the context of the therapeutic relationship. One (n=14.3%) participant described professional boundaries as, “Having enough of a relationship to be therapeutic but no more than that.” Another participant said, “It’s important to develop a therapeutic relationship, but this is very different than a friendship.” One (n=14.3%) participant remarked on the importance of remembering that maintaining professional boundaries means always being aware that the therapeutic relationship has an end date.

Of the seven participants interviewed, one (n=14.3%) participant did not feel her definition of professional boundaries was unique to mental health. The other six (n=85.7%) participants did report professional boundaries as being distinct in psychiatric mental health nursing. One participant said,

I’ve noticed that nurses in other disciplines seem less conscious of therapeutic boundaries and may get overly involved easier. I have a friend who works in oncology, she goes out to coffee with her patients and stuff. It doesn’t seem weird to her at all, but that would be totally inappropriate in mental health.

Another participant said,

Maintaining appropriate boundaries in mental health can be very challenging because the relationship you have with the patient is more imperative to treatment and outcomes than in other areas of nursing so

there is a fine line between developing a strong therapeutic relationship and not crossing boundaries.

One (n=14.3%) participant referred to boundary crossings in psychiatric mental health nursing as being helpful at times. This participant stated, “Sometimes in mental health it is helpful to disclose personal experiences and information. Like when a patient says ‘you don’t know what I’m going through’ it might help to share that you have been through a similar situation.”

All participants (N=7) felt their definition of professional boundaries had changed throughout their career depending on a variety of factors. One (n=14.3%) participant said, “My definition has changed a lot throughout my career. When I graduated from school I thought boundaries would be pretty black and white but as I practiced in different environments, I learned they can be very unique to the situation.”

Two (n=28.6%) of the participants stated that their definition of professional boundaries was altered after having their own children. One (n=14.3%) participant said, “It changed when I had my kids, it was easier for me to set boundaries because my feelings about my own children were so different than the feelings I had toward the children I was working with.” Another participant felt that having children made professional boundaries more difficult to maintain, she said, “As a mom it was harder for me to pull myself away, especially if the kids I was caring for were the same developmental age as my kids. It was more difficult for me to leave it there at work.”

Five (n=71.4%) of the seven participants felt that their definition of professional boundaries changed when working with different age groups. One participant said, “It has been different working with kids versus adults. With adults they can be close to the same

age as you—people could be attracted to each other and that’s a big deal.” Another participant said, “My definition is very different depending on the age of the patient—child, adult or geriatric. Touch for example seems more appropriate with kids and geriatrics. I may offer a hug to a child who is having a hard time but I would never hug an adult patient.”

Education, work experience, and co-workers were among the factors identified by participants as affecting their definition of professional boundaries. All of the participants (N=7) acknowledged their educational backgrounds as contributing to their definition of professional boundaries. One (n=14.3%) participant said, “I was taught specifics about professional boundaries when I was getting my nursing degree. I can watch my co-workers and know when they haven’t been properly educated about boundaries.” Four (n=57.1%) of the seven participants identified work experience as effecting their definition of professional boundaries. One (14.3%) participant reported, “My experience in mental health has taught me a lot. I now put more emphasis on certain aspects of professional boundaries and less on other parts.” Two (n=28.6%) participants spoke of having supervisors who had taught them about professional boundaries, “My former boss was very knowledgeable about boundaries and taught me a lot. She also offered intervention coaching when I had staff who were violating boundaries.”

Research Question #2:
How Psychiatric Mental Health Nurses' Definition of
Professional Boundaries Affect Her or His Practice

Participants were asked how their definition of professional boundaries has impacted their practice. At the time of data collection all participants (N=7) were working at a hospital that provides psychiatric care for children and adolescents from Montana and neighboring states. Of the seven participants, four (n=57.1%) had worked in other psychiatric mental health settings and three (n=42.9%) had worked in nursing disciplines other than mental health.

In their current position at the sample hospital, all the participants (N=7) felt their definition of professional boundaries had an impact on how they practiced. Two (n=28.6%) of the participants said they try to keep their personal definition of boundaries in mind when working with patients. One (n=14.3%) participant said, "It makes me a better nurse because I don't get overly involved if I am constantly reminding myself." Another participant reported, "I think I try to be more aware of my own mental state—like if I'm having a bad day or something I try to be aware of not using my patients to validate me or make me feel better."

Five (n=71.4%) of the seven participants felt their definition of professional boundaries had been challenged in some way by working with children. One (n=14.3%) participant said, "Working with children, many of whom don't have families, can really test your boundaries. You give them baths and read to them at bedtime—they will tell you they love you and sometimes call you mom, it can be really hard."

When asked about how their definition of professional boundaries had affected their practice in other positions, four (n=57.1%) of the participants referred to their experiences working as psychiatric mental health nurses with adults. One (n=14.3%) participant stated, “When I was working with adults I was more mindful of what I would disclose and how I would approach my patients. For example, with males you don’t want them to think you are flirting—sometimes they may misinterpret you being nice.” When she referred to working with adults, another participant stated, “I was more aware of not revealing too much about myself, just enough to foster the relationship.”

One (n=14.3%) participant had been a school nurse prior to working at the sample hospital. According to this participant, her definition of professional boundaries was very different in the school setting, “It was different as a school nurse because I wasn’t with the same kids every day like I am at [sample hospital] and I didn’t know their histories. The kids I saw weren’t as reliant on me for daily care and emotional support. I would feel comfortable telling them about my own kids.”

Research Question #3:
Challenges Psychiatric Mental Health Nurses
Face in Maintaining Professional Boundaries

All of the participants (N=7) admitted facing challenges in maintaining professional boundaries at some point in their nursing careers. Six (n=85.7%) of the seven participants identified working with children as a test of professional boundaries. One (n=14.3%) participant stated, “Working at [sample hospital] in general is a challenge. There is a lot of touching and hugging that takes place with the little kids—

kids would kiss you and it wouldn't feel weird at the time, but looking back it was inappropriate." This was reiterated by another participant who stated, "Working with kids who don't have families, it's hard because you almost become a parent figure." Other participants mentioned how patients' histories would affect their boundaries, "Sometimes there are patients you relate to more than others or their stories are so horrific you just want to do anything to help." Participants identified the length of time the patient was admitted to the hospital as another factor that affected professional boundaries, "Kids can be there for a long time so it's hard not to get attached. Sometimes they have outgrown their clothes and it's hard not to want to go out and buy them new clothes." One (n=14.3%) participant mentioned facing more challenges with professional boundaries when she was pregnant, "It was very hard when I was pregnant. The patients would ask me a lot of questions and I had to make a choice about what was appropriate to disclose." Two (n=28.6%) of the participants mentioned having their own children as a contributing challenge to professional boundaries, "Boundaries have been more of an issue lately. I am admitting children who have been in contact with my child at school. My patient will know I am [child's name] mom and tell me to say hi. You can't do stuff like that."

Five (n=71.4%) of the seven participants mentioned having been in a situation where they were concerned about committing a boundary violation. One (n=14.3%) participant did not feel a boundary violation had taken place, but did see the potential for this happening, "I had a patient once who told me he was interested in developing a relationship outside of work. I was caught off-guard but was able to explain why that could never happen." Another participant identified Facebook as causing potential

boundary violations, “Ex-patients have sent me friend requests. I don’t accept them but it is still weird. I am very careful about what I post because there are certain things about me I don’t want my patients to know.” Two (n=28.6%) participants described having been in situations where they said something or self-disclosed to a patient and later thought about the boundary implications. One (n=14.3%) participant stated, “I have walked away from interactions with patients and thought ‘I probably should not have said that or shared so much’. Sometimes it’s hard to know how to respond in that moment. I have thought about it later and what I should have done different.” When asked how they handled these boundary crossing instances, two (n=28.6%) of the participants reported approaching their supervisor for advice. Another participant said she would try to distance herself as much as possible from that particular patient, for example she would work in a different area of the hospital. One (n=14.3%) participant answered, “I am constantly reevaluating what I say and my actions, this seems to help prevent future situations.”

All of the participants (N=7) endorsed having witnessed boundary violations involving others. These boundary violations included seeing co-workers buy gifts for patients, kissing patients, telling patients “I love you”, and having pet names for patients. One (n=14.3%) participant worked with a woman who had the initials of a patient tattooed on her arm. Another participant felt a lack of education was the leading cause of these violations,

I have witnessed so many boundary violations. I think it is due to a lack of training and education. People may have no mental health experience—they are told about boundaries during job orientation but I don’t think they

are taught why boundaries are so important and the negative impact boundary violations can have on patients.

Participants were asked how such boundary violations were handled at the hospital. One (n=14.3%) participant said, “Nothing was really done. I approached my boss and informed her of my concerns but she didn’t really seem to understand the seriousness of the situation so she didn’t educate staff why that wasn’t okay.” Three (n=42.9%) of the participants expressed frustration after reporting boundary violations and feeling no action had been taken by management to stop the violation or prevent it from happening in the future.

All participants (N=7) identified certain factors that were protective in helping them prevent boundary violations. A common protective factor among four (n=57.1%) of the participants was self-care. One (n=14.3%) participant stated, “Maintaining my own self-care is really important for me to do my job effectively and not risk boundary violations. This involves recognizing my own stress and having strategies and coping skills to use when I’m having a hard time. This helps me to not be looking to fulfill my own needs on the job.” Another participant stated, “Managing my personal life is important. If you’re feeling down and lonely you tend to seek validation or disclose more because you need someone to talk to. If you are more content in your personal life, you’re not looking for fulfillment at work.” Three (n=42.9%) participants identified having a supportive supervisor as a protective factor, “I have a great supervisor. I feel like I can talk to her if I’m having a problem and not feel like there will be retaliation or negative impacts from seeking advice and support.”

Themes

There were four themes relating to professional boundaries that were identified in the results of this study. Themes were identified based on the frequency an issue appeared and by the number of participants who mentioned the issue. The themes include: (a) distinct to mental health, (b) changes throughout career, (c) relates to patient age, and (d) impact on practice.

Distinct to Mental Health

Six (n=85.7%) of the seven participants interviewed felt that their definition of professional boundaries was distinct to psychiatric mental health nursing. The majority of participants answered that psychiatric mental health nurses are more aware of professional boundaries than nurses in other healthcare environments. Additionally, two (n=28.6%) of the participants felt that since the therapeutic relationship is at the core of treatment in mental health, developing this relationship might offer unique challenges in maintaining professional boundaries.

Changes Throughout Career

All seven participants reported that their definition of professional boundaries had changed throughout their nursing career, despite the fact that several of the participants had been in their nursing careers only a few years. This change in definition was based on a variety of factors. For example, two (n=28.6%) participants felt their definition of professional boundaries changed when they had children. Other participants felt that their nursing experience had put more emphasis on certain aspects of professional boundaries.

Five (n=71.4%) of the seven participants made reference to the fact that their definition of professional boundaries was unique to the situation and changed accordingly.

Relates to Patients' Age

Five (n=71.4%) of the seven participants reported that their definition of professional boundaries was altered based on the age of the patient. Participants felt that certain behaviors such as touch were appropriate with children and geriatrics but not adults. Four (n=57.1%) of the participants felt that working with children created more challenges in maintaining professional boundaries.

Impact on Practice

All of the participants (N=7) reported that their definition of professional boundaries affected their current nursing practice. Participants felt that by keeping their personal definition in mind and at the forefront of their practice helped them to maintain professional boundaries in practice. By being mindful of professional boundaries and by attending to self-care, the participants were also better able to keep their focus on the needs of the patient rather than their own needs.

CHAPTER FIVE

DISCUSSION

The purpose of this study was to explore the definitions of professional boundaries from the perspectives of psychiatric mental health nurses. In this chapter the following topics are discussed: (a) summary of results, (b) limitations to the study, (c) recommendations for future research, (d) implications for practice, and (e) conclusion.

Summary of the Results

The results of this study provide insight into how psychiatric mental health nurses define professional boundaries, how their definition of professional boundaries affects their practice, and what challenges they face in maintaining professional boundaries. A descriptive qualitative approach was used by conducting face-to-face interview using open-ended questions. Participants met the inclusion criteria by having a current registered nursing license, being currently employed at the identified hospital, and providing informed consent for participation. A total of seven psychiatric mental health nurses participated in this study. The common themes that were identified as relating to definitions of professional boundaries based on the results of this study were: distinct to mental health, changes throughout career, relates to patient age, and impact on practice.

The results of this study were consistent with findings in current published literature. For instance, participants in this study mentioned the need for a balance when developing the therapeutic relationship with patients. Scanlon (2006) identified the goal

of getting close to patients while still maintaining a personal distance which reflects the concept of having only enough of a relationship to be therapeutic as identified in this study. Participants in this study made reference to the importance of proper training and education on the topic of professional boundaries. This is consistent with the findings of Malone et al. (2004) which identified the need for supportive training efforts on the subject of professional boundaries. The study conducted by Taylor (2014) referred to the development of self-awareness as a factor that aided in setting boundaries with patients. Participants in this study mentioned similar factors such as self-care and managing their personal lives as helping them to avoid boundary transgressions.

Limitations to the Study

There were several limitations in this study. The first limitation was the small sample size. Time constraints limited the number of interviews that were conducted; therefore only seven participants were interviewed. Only seven nurses volunteered to participate and time limitations prevented the researcher from implementing additional recruitment activities. This sample size represents a small percentage of the individuals who may have been eligible for the study. An increased sample size may have strengthened the validity of the results. Despite the small sample size, the purpose of the study was achieved and a degree of saturation was accomplished. A second limitation was self-selection bias. Participants in this study were not chosen randomly, but rather they made the decision to participate; therefore the results of the study should not be generalized to the entire target population. A third limitation to this study was that all

participants worked at the same hospital. The sample hospital serves a distinct population (children); therefore results cannot be generalized to other patient populations.

Psychiatric mental health nurses working with other patient populations in alternate environments may have different perspectives on professional boundaries. An additional potential limitation was related to the participants' familiarity with the researcher since the researcher is a former employee of the sample hospital. Although the participants seemed honest and forthright in their responses, what they were willing to share may have been affected by familiarity with the researcher.

Recommendations for Future Research

This study provided insight into how psychiatric mental health nurses define professional boundaries, how their definition of professional boundaries affects their practice, and what challenges they face in maintaining professional boundaries.

Additional research needs to be conducted in other healthcare environments with a variety of psychiatric mental health patient populations. By examining psychiatric mental health nurses' definitions of professional boundaries in healthcare environments such as community mental health and acute care mental health, a better understanding of professional boundaries can be obtained and applied to practice.

This study was focused on the psychiatric mental health nurse's definition of professional boundaries. Future research should also examine the definition of professional boundaries from the patient's perspective. Those who receive mental health services many have a very different perspective on how professional boundaries are

defined and how this definition affects care. Such studies would provide valuable insight and enhance research to guide education and practice.

Little published research was found that examined the professional and personal effects professional boundary transgressions have on the psychiatric mental health nurse and patients. By examining such effects, those in supervisory and training roles would be better prepared to support and coach employees who may be at risk for boundary violations. Additionally, findings may provide psychiatric mental health nurses with a better understanding of the consequences that result when professional boundary transgressions occur.

Lastly, further research should be done to examine how nurses practicing in other specialties define professional boundaries and how the results compare to results of this study. Nurses in other specialty areas could offer valuable insight on the subject and provide further opportunity for education and training.

Implications for Practice

The results of this study generated many implications for maintenance of professional boundaries in psychiatric mental health nursing. Clearly professional boundaries are a complex topic and can have a variety of definitions depending on the individual, their background, and the context in which they are practicing. Due to the dynamic nature of professional boundaries, healthcare organizations need to constantly assess current practice and policy related to professional boundaries.

Regular staff training related to professional boundaries is essential in order to

increase awareness of boundary issues. A safe, supportive environment should be provided to promote a setting where psychiatric mental health nurses and other staff members feel comfortable discussing potential boundary concerns and can ask questions without retaliation. This type of training and mentoring may help promote open discussion and prevent boundary violations.

In order to have an adequate understanding of professional boundaries and the importance of maintaining appropriate boundaries, a strong educational foundation needs to be provided by nursing schools. Curriculums should include a broad definition of professional boundaries, how nursing practice is impacted by professional boundaries, strategies to prevent boundary violations, and the impact boundary violations can have on the nurse and the patient. A thorough educational background about professional boundaries will better prepare nurses for the challenges they will face in the field.

Administrative attention to boundary issues is another important practice implication. Incidents and reports of boundary violations need to be addressed in a timely manner and have adequate follow-through by hospital administration in order to promote optimal practice. Appropriately addressing boundary violations contributes to overall effective functioning of healthcare facilities.

Based on the findings of this study, adequate self-care is a protective factor for psychiatric mental health nurses in preventing professional boundary transgressions. Healthcare organizations need to provide a supportive environment to promote adequate self-care by employees. Training should be offered to teach stress management techniques and coping skills. Adequate break time and vacation time should be offered to

prevent job burnout and to help employees fulfill their personal needs outside of the work place.

Conclusion

Maintaining professional boundaries is essential in protecting both the patient and the psychiatric mental health nurse, and to promote an optimal therapeutic relationship (Dziopa & Ahern, 2009). The definition of professional boundaries is elusive and leaves much room for interpretation. Lack of a clear definition can impair nurses' knowledge and understanding of professional boundaries, which can lead to potential boundary violations. This study explored the definitions of professional boundaries from the perspectives of psychiatric mental health nurses. The four most common themes relating to definitions of professional boundaries that were identified include: (a) distinct to mental health, (b) changes throughout career, (c) relates to patient age, and (d) impact on practice. The results suggest the need for additional research on professional boundaries in a variety of psychiatric and non-psychiatric settings. The results of this study also offer many implications for future practice and can help to guide psychiatric mental health nurses, nurse administrators, and healthcare organizations in promoting the therapeutic relationship while maintaining professional boundaries.

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APPENDICES

APPENDIX A

RECRUITMENT EMAIL

Montana State University College of Nursing

Please consider taking part in a research study about psychiatric mental health nurses' perspectives on professional boundaries conducted by Robin Becker, BAN, RN, a graduate student at Montana State University College of Nursing. The study involves a face-to-face interview that should take no longer than an hour.

The purpose of the study is to explore the definition of professional boundaries from the perspective of a psychiatric mental health registered nurse. You are being asked to participate because you are a psychiatric mental health registered nurse. In order to participate, you must be willing to answer questions about your definition of professional boundaries.

If you agree to participate, you will be interviewed face to face once in the location of your choice. The interview will consist of open-ended questions with the researcher taking notes during the interview. After the interview, no additional contact from the researcher will be required. Participation is voluntary and you can choose to not answer any question that you do not want to answer, and you can stop at any time. Declining participation will have no future impact on your job status. There will be no benefit to you for participating in the study and the only risk is the use of some of your valuable time.

Your identity will only be known by the researcher and will otherwise be confidential. The information gathered will be used for completion of a Master's Thesis and may be published in a health related publication. No identifying information will be used in either of the above. The interviews will be coded to remove any identifying information.

Please contact Robin Becker at 406-439-0452 or robinconnor@gmail.com at your earliest convenience if you are interested in participating in this study. A time and place for the interview will be arranged at this time based on your preference.

Thank you.

Robin Becker, BAN, RN

APPENDIX B

INTERVIEW QUESTION GUIDE

As an experienced psychiatric mental health nurse, you know how important it is to maintain therapeutic nurse-client relationships in order to have positive outcomes with your clients. No doubt, you also know that a therapeutic relationship requires that a nurse understand and maintain professional boundaries.

I am interested in talking with you about your thoughts and experiences related to professional boundaries.

1) How do you define professional boundaries?

- Do you think this definition is unique to mental health?
- Has this definition changed throughout your career?
- What factors do you think effect your definition?

2) How does your definition of professional boundaries affect your practice?

- In your current position?
- In previous positions?
- Do you think your definition is the same or different when practicing in different nursing specialties or practice settings?

3) What challenges have you faced in maintaining professional boundaries?

- Have you ever found yourself in a situation in which you were concerned about a boundary violation?
- Or have you witnessed a boundary violation involving others?
- If so, how did you handle the situation?
- If involving others, how was the situation handled?
- What factors do you feel are protective in helping you prevent boundary violations?

Now a few questions about you, so that I can describe the group of nurses who participated in this study.

4) How many years have you been a registered nurse?

5) How many of those years have you practiced in a psychiatric mental health setting?

6) How many years have you worked at this hospital?

7) Is there anything else about professional boundaries that you would like to tell me?

Do you have any questions for me?

Thank you so much for participating in this study

APPENDIX C

CONSENT FORM

SUBJECT CONSENT FORM
PARTICIPATION IN HUMAN RESEARCH
MONTANA STATE UNIVERSITY

Project title: **Psychiatric Mental Health Nurses Perspectives on Professional Boundaries**

You are being asked to participate in a research study about professional boundaries. The purpose of the study is to explore the definition of professional boundaries from the perspective of a psychiatric mental health registered nurse. I am asking you to participate because you are a psychiatric mental health registered nurse. In order to participate, you must be willing to answer questions about your definition of professional boundaries.

If you agree to participate, you will be interviewed once in the location of your choice. The face to face interview should take no longer than one hour to complete but may take longer upon your request. The interview will consist of open-ended questions with the researcher taking notes during the interview. After the interview, no additional contact from the researcher will be required. Participation is voluntary and you can choose to not answer any question that you do not want to answer, and you can stop at any time. Declining participation will have no future impact on your job status. There will be no benefit to you for participating in the study and the only risk is the use of some of your valuable time. During the interview, you are encouraged to ask questions if you do not understand a question or if additional clarification is needed. You may also ask additional questions regarding the research study.

Your identity will only be known by the researcher and will otherwise be confidential. The information gathered will be used for completion of a Master's Thesis and may be published in a health related publication. No identifying information will be used in either of the above. The interviews will be coded to remove any identifying information.

Should you have questions about this research, you can contact Robin Becker at (406)-439-0452. You may also contact my advisor, Dr. Jean Shreffler-Grant at (406) 243-2540. If you have additional questions about the rights of human subjects you can contact the Chair of the Institutional Review Board, Mark Quinn at (406)-994-4707 or mquinn@montana.edu

AUTHORIZATION: I have read the above and understand the discomforts, inconvenience and risk of this study.

I, _____, agree to participate in this research. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this consent form for my own records.

Signed: _____

Witness: (optional) _____

Investigator: _____ Date: _____