Tēnā koutou, tēnā koutou, tēnā koutou katoa

Ko *Patricia McClunie-Trust* tōku ingoa

My name is Patricia McClunie-Trust

Ko Te Kuritini o Waikato, Kirikiriroa, Aotearoa aho

I am from the Waikato Institute of Technology in Hamilton, New Zealand

Nō reira, tēnā koutou, tēnā koutou, tēnā koutu katoa

Therefore, greetings, thrice over

Undergraduate Nursing students' understanding of professional boundaries in relationships

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Tīmatanga - Introduction

Overview

The aim of this pilot study was to explore 3rd year undergraduate nursing students' understanding of how to manage professional boundaries in relationships with the clients, families and communities they will work with as graduates

It also sought to understand more about how students judge appropriate degrees of closeness and distance in professional relationships.

Papamuri - Background

Professionalism and boundary management

- Understanding how to judge appropriate degrees of closeness and distance in professional relationships is an ongoing challenge for all health professionals.

Rural and 'small town' New Zealand – 'hard to staff'

- The ability to work in partnership with clients within their families and communities requires knowledge, skill and good judgement (McClunie-Trust, 2010).

- Family and social connections with people who are users of the health services nurses provide within rural and small town communities may be inevitable.

- IQNs 27% NZ nursing workforce (NCNZ, 2017)

Arotake tuhinga - Literature review

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Recruiting nurses to rural locations	The need to recruit nurses to work in rural and small town locations is recognised as a global workforce issue (Bushy & Leipert, 2005).
Pre-requisite for employment as graduates	Providing the opportunity for clinical placements, where students have the opportunity for close engagement with communities, is an important precursor to recruitment as graduates (Killam & Carter, 2010).
Professional judgement and boundary management	Learning how to manage professional boundaries a key competency for nursing students on clinical placement in all professional practice settings, and in working as graduates. Rural practice presents unique challenges for boundary work (Bushy & Leipert, 2005).

Boundary work – the professional mandate
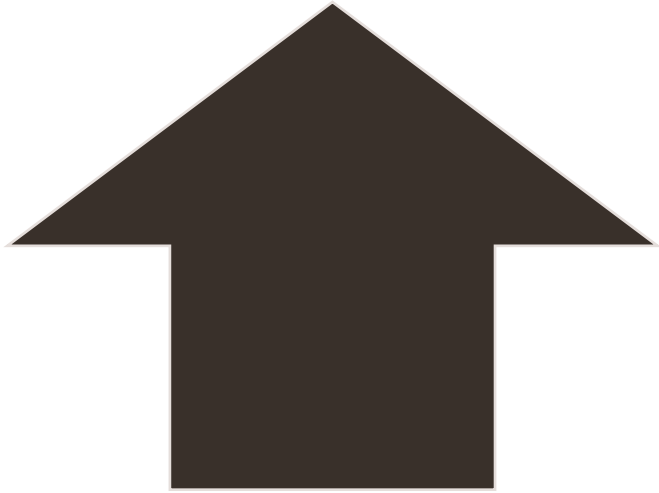
Professional mandate

- function and purpose of the nursing relationship within the specific context
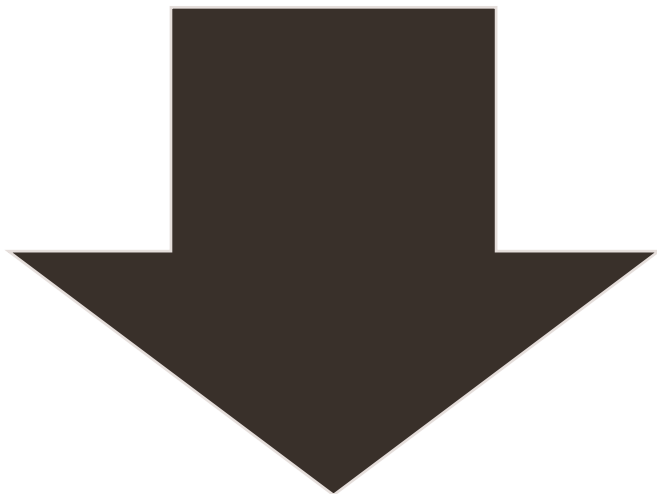
Boundary work

- 'Staying in the lines' – (Sheets, 2001)
- 'Zone of helpfulness' – (NCNZ Code of conduct, 2012)
- 'Negotiated identities' – (Mellow, 2005)

Rangahau (Research) method – Focus groups

The exploratory descriptive qualitative design for this study was guided by Kruger and Casey's (2015) approach to focus group research.

The 'long table' approach was used to organise the transcribed data, and data interpretation was undertaken using five criteria including frequency, motion, specificity of responses, extensiveness and big picture.

Ethical approval to conduct the research was obtained from the Wintec HERG.

The primary researcher was not involved in teaching or assessing the work of students participating in the research.

The *Rangahau* (Research) Data

Three brief case studies on professional situations with clients were used to stimulate discussion within the focus groups.

Focus groups were video recorded and transcribed verbatim.

23 year three Bachelor of Nursing students participated in 3 focus groups

Inclusions/Exclusions

Semester 5 and 6 Bachelor of Nursing students were included on the basis that they have sufficient theoretical knowledge and practice experience to form judgements about managing professional boundaries.

Case studies

Case	Questions
Case 1: Katy is a registered nurse working in a community health centre in a rural community. She graduated five years ago and feels very committed to the community that she works in. Katy's husband is the pastor at the local church and after the Sunday service she invites members of the church group back to the health centre for health checks. These health checks include screening children for things like ear problems and offering contraceptive advice to the women.	*Should Katy offer this service to the members of her church group?*
Case 2: Meaghan works as a registered nurse in a palliative care district nursing service. She has been working for this service for the past four years following five years' experience in a variety of clinical areas at the base hospital. Meaghan cared for a family where the female partner was dying of breast cancer. Recently, this woman's partner approached Meaghan to ask whether she would meet socially for a drink after work.	*Should Meaghan agree to meet this person?*
Case 3: Tim works as a registered nurse in a community mental health service. He is an experienced nurse with over 10 years' service in mental health settings. Tim had been involved in the care of Simon a man who had a chronic mental illness, over a number of years. Following the death of this man, Tim has been informed by the lawyer acting for his estate that he has been bequeathed the man's car, as the man has no family.	*Should Tim accept this bequest?*

Framework for case discussion

1. Identify the professional mandate (the therapeutic purpose and function of professional relationships) in the cases, and

2. Analyse how the context might shape the nurse's capacity to respond according to the normative values of the profession, and

3. Explain any professional boundary issues in the cases and propose rationale for boundary management.

Data analysis: The 'long table' approach

(Kruger & Casey, 2015; Rabiee, 2004)

Frequency & motion

- Paying attention to the context in which the ideas are expressed; how often a particular theme arises in the conversation, and the importance the group places on particular themes – spotting 'gems'.

Specificity of responses

- Emphasis is given to elements of the discussion that are specific in providing detail about an idea or experience, particularly in relating personal experiences or detailed explanations of reasoning.

Extensiveness & internal consistency

- Noticing comments and themes where participants show intensity in responses; depth of feeling and emotional investment.
- Paying attention to changes in opinions or responses for consensus

Big picture

- Contextualising the themes within the 'bigger picture" of the profession and students' experience of nursing; establishing conceptual interpretations.

Ngā kitenge Findings: central themes

Community responsiveness
- Fulfilling responsibilities to community and profession
- Nurturing community relationships that are hard to build
- Negotiating power relations; recognising complexity of how nurses are positioned in communities
- Respecting clients' intentions and cultural practices

Trust and integrity
- Public perception of nurses and nursing
- Avoiding deception – being transparent
- Declaring conflicts and seeking supervision
- Benchmarking 'good' practices

Professionalism and therapeutic purpose
- Understanding the professional role in complex situations
- Being clear about focus and limits of relationships
- Recognising effects of others on self and self on others
- Documenting and reflecting on events

Community responsiveness

- *"The work with the church needs to be an organised thing…. like official and formal… to me its not wrong to target a certain group for health promotion but it just needs to be formal and properly organised, and maybe with more than one church and more nurses". (*5/3 Katy)*

- *"Her husband is the leader of the church and are the people going to give consent without really wanting to?" (*3/1 Katy).*

- *"… and the power balance within your professional life changes with the people. That power as the pastor's wife". (*5/1 Katy)*

- *"there's that power relationship and its quite vulnerable and grief takes time. Palliative care is an emotional time and a vulnerable time". (*2/2 Meaghan)*

- *"…. community relationships are hard to build. We are there to benefit them. It can make an image in people's minds. Need to be beyond reproach. It's the nature of how they've got that gift ". (*3/1 Tim)*

Trust and integrity

- *"Its always discouraged… when someone gives you a gift as a nurse…. is there any charity you can give it to, just to ensure nurses have a lot of trust". (*6/3 Tim)*

- *"So potentially what is the rest of the community going to think, like … Oh she was the nurse and now they're…. the reputation of the nursing profession…." (*5/3 Meaghan)*

- *"So they have to think about family members and communities who know this man, is he taking advantage, he's got a good job so he can afford a car ….. Its not ok because these are vulnerable people". (*6/1 Tim)*

- *"We have to think about the fact that we have the trust of the community and we shouldn't do anything that betrays that trust". (3/1 Tim)*

Professionalism and therapeutic purpose

- *"Is she stepping on the toes of the other nurses, like public health nurses going to the schools for the children?"* (*5/3 Katy)

- *"Is there any other person that you can shoot that to instead of becoming the counsellor …. Referring them to other services…"*(*3/1 Meaghan)

- *Its black and white – she shouldn't. That's like what we're taught right from semester one, that you shouldn't really…. because … it's about a personal meeting (*2/1 Meaghan)*

- *"… involving your professional life into your personal life – mixing that boundary….you don't have that professional relationship".* (*3/1 Katy)

- *"If in doubt, go to your supervisors, go to whoever you contact about problems, ask before you accept anything….. be as open as possible"*(*2/1 Tim).

- *"That trust is really important when it comes to nursing…. If you don't say something then what are you hiding? I would tell my supervisor about being asked for a drink".* (*2/2 Meaghan)

Kōrero Discussion

What was apparent?

- Strong sense of community responsibility and professional purpose
- Good understanding of the professional mandate and the importance of setting limits (NCNZ, 2012)
- Thoughtful consideration of alternative possibilities and culturally safe responses to clients' invitations or offering of gifts (Bushy & Leipert, 2005; Killam & Carter, 2010).
- The potential for well intentioned 'advice' to obstruct the therapeutic relationship with their usual health professional

What was not so apparent?

- Capabilities (and limits) of the 'off duty' RN as a member of the community (NCNZ, 2012)
- Legal responsibilities as an RN 24/7 beyond work roles (McClunie-Trust, 2010)

Whāititanga Limitations

Focus group method	Students likely to have known each other prior to participating in focus group
	Degree of individual engagement in group – what is voiced, what is silenced?
	Differences in ethnicity may impact dynamics (Kruger & Casey, 2015; Rabiee, 2004)
None of the students identified as Māori	Unique cultural characteristics of health care for whānau by whānau makes western notions of professionalism problematic
Findings show the 'what' but not the 'how'	Further research is needed to understand 'how' students learn professional boundary management

Tūtohutanga Recommendations

Triangulate pilot study focus group findings with survey data?

Revise survey tool?

Larger inter-institutional collaboration required to increase scale of study

Maintain strength of teaching regarding community engagement

Potential to strengthen teaching of legal aspect of professional boundary management

Tohutoro References

Bushy, A., & Leipert, B.D. (2005). Factors that influence students in choosing rural nursing practice: a pilot study. *Rural and Remote Health, 5*, 387. http://www.rrh.org.au

Doel, M., Allmark, P. J., Conway, P., Cowburn, M., Flynn, M., Nelson, P. & Tod, A. (2009). *Professional boundaries: Project Report.* Sheffield, UK: General Social Care Council. http://shura.shu.ac.uk/1759/1/Prof_Boundaries_FINAL_REPORT.pdf

Frank, A. (2002). The painter and the cameraman: Boundaries in clinical relationships. *Theoretical Medicine, 23*, 219-232.

Killam, L.A., & Carter, L.M. (2010). Challenges to the student nurse on clinical placement in the rural setting: a review of the literature. *Rural and Remote Health, 10*, 1523. http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=1523

Krueger, R. A., & Casey, M. (2015). *Focus groups: A practical guide for applied research (5th ed.)*. Singapore: Sage publications.

Mellow, M. (2005). The Work of Rural Professionals: Doing the Gemeinschaft-Gesellschaft Gavotte. *Rural Sociology, 70*(1), 50-69.

McClunie-Trust, P. (2010). *Negotiating boundaries: The registered nurse caring for her own family member in palliative care.* Doctoral Thesis. Victoria University of Wellington.

Nursing Council of New Zealand. (2012). *Code of conduct for nurses*.   http://www.nursingcouncil.health.nz/conduct/

Nursing Council of New Zealand. (2017). The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses2016¬2017. http://www.nursingcouncil.org.nz/content/download/1883/8389/file/J002605-NCNZ-Workforce%20Document%202016-17%20WEB.pdf

Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the Nutrition Society, 63*(4), 655-660.

Sheets, V. (2001). Professional boundaries: Staying in the lines. *Dimensions of critical care nursing, 20*(5), 36-40.

He moana pukepuke, e ekengia o te waka

- A choppy sea can be navigated