



Professional Boundaries in The Relationship Between Nurses and Patients in Healthcare Settings: A Scoping Review

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ABSTRACT

This study aimed to identify and map material findings related to the concept of professional boundaries in the nurse-patient relationship based on the perspective of nurses. This study used a scoping review method according to the Arksey and O'Malley (2005) framework with PubMed, CINAHL, and SAGE as databases, and equipped with manual searches using a snowball technique to identify additional materials. It used major terms such as Nurse AND Understand AND Professional Boundaries AND Nursing Practice and several alternative terms. Eligible articles were analyzed using inductive content analysis. The results of the content analysis of 16 relevant articles discuss five categories of the concept of professional boundaries. Nurses have various understandings related to the concept of professional boundaries, especially related to the types of boundaries. Professional boundaries are defined as boundaries for maintaining a therapeutic relationship. Nurse competence is an important factor in the implementation process.

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ABSTRAK

Penelitian ini bertujuan untuk mengidentifikasi dan memetakan temuan materi terkait konsep batasan profesional dalam hubungan perawat-pasien berdasarkan perspektif perawat. Penelitian ini menggunakan metode scoping review menurut framework Arksey dan O'Malley (2005) dengan PubMed, CINAHL, dan SAGE sebagai database, serta dilengkapi dengan pencarian manual menggunakan teknik snowball untuk mengidentifikasi bahan tambahan dengan menggunakan kata kunci utama seperti Nurse AND Understand AND Professional Boundaries AND Nursing Practice dan beberapa istilah alternatif. Artikel yang memenuhi syarat dianalisis menggunakan analisis konten induktif. Hasil analisis menghasilkan 16 artikel relevan yang membahas lima kategori konsep batasan profesional. Perawat memiliki berbagai pemahaman terkait konsep batasan profesional, terutama terkait dengan jenis-jenis batasan. Batasan profesional didefinisikan sebagai batasan untuk mempertahankan hubungan terapeutik. Kompetensi perawat merupakan faktor penting dalam proses implementasi.

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INTRODUCTION

Changes in the value system in various aspects of life accompanied by globalization make nurses face more and more ethical and moral challenges in providing care, which also makes demands for professional service quality. Nurses cannot be separated from their relationship with patients. The nurse-patient relationship was described in the theory of "Nursing Interpersonal Relationships" by Hildegard Peplau in 1952 whereby this relationship is therapeutic (Berman, Audrey, 2016).

The nurse-patient relationship is carried out with boundaries known as professional boundaries to separate therapeutic and non-therapeutic behavior (Mirhaghi et al., 2017). Some boundaries are clearly defined and others are less clear and require the nurse's personal professional judgment. Moreover, in practice, there are still many nurses who are confused about setting professional boundaries. Previous research has revealed that existing guidelines do not explain black and white professional boundaries, but shades of gray so that practitioners tend to make intuitive decisions which only then create issues of violation of professional boundaries by nurses (Smythe et al., 2018a).

As regard the search for nurses' understanding of nursing professional boundaries, the authors have not found clarity regarding the concept of nursing professional boundaries that are clear and universal (covering all areas of nursing practice). Thus, the aim is to conduct a literature review that maps out nurses' understanding regarding the concept of professional boundaries in the nurse-patient relationship so as to map the underlying key concepts and clarify job definitions, and/or conceptual boundaries regarding professional boundaries in the nurse-patient relationship in all areas of nursing practice. The general purpose of this study was to identify and map material findings related to the concept of professional boundaries in the nurse-patient relationship based on the nurses' understanding.

METHODS

This study used a scoping review approach referring to the Arksey and O'Malley (2005) framework (Arksey & O'Malley, 2005). The steps proposed by the Arksey and O'Malley (2005) framework for the development of a scoping review were followed, namely: stage 1: identify the research question; stage 2: indentifying relevant studies; stage 3: study selection; stage 4: charting the data; stage 5: collating, summarizing and reporting the results. The research protocol was registered in the Open Science Framework (<https://osf.io/de3sf>) and followed the PRISMA-ScR checklist to provide guidance on the scoping review synthesis process (Tricco et al., 2018). The research protocol was written, reviewed, and verified by authors and competent reviewers. Authors and competent reviewers wrote, reviewed, and verified the research protocol.

The research question formulated followed the PCC strategy: population, concept, and context, elements which, in this study, corresponded, respectively, to nursing; professional boundaries; and nurse-patient relationship. The results of the identification of keywords used in the study were formulated with Boolean operators as follows: (((nurse) OR (nurs*)) OR ("Practical Nurse")) OR ("Nurse Practitioner") AND (("Professional Boundar*") OR ("therapeutic boundar*")) OR ("Relationship boundar*") AND (((("Nursing Practice") OR ("Therapeutic Relationship")) OR

("Nurse-patient")) OR ("healthcare") AND (((understand) OR (comprehend)) OR (interpret)) OR (perceive). The search process in the database took place in February 2022 by NPS and was reviewed by HRDA and TE.

This review used inclusion and exclusion criteria. The following inclusion criteria were defined: the article describes the concept of professional boundaries according to nurses, and one component that is interpreted as a type of professional boundaries according to nurses, the article displays/explains the scope of the nurse-patient relationship, the type of article: original article and grey literature, in English and full text available, published between 2012-2022 to get the latest articles. As exclusion criteria, the following were rejected: editorial articles, commentaries, letters to editors (LTE), manual practice guidelines, textbooks, and existing literature review.

Articles search using electronic databases (PubMed, CINAHL, and SAGE) as a comprehensive search by identifying keywords, as shown in Chart 1. The author also conducted an article search using a manual search technique to find grey literature through search engines such as Google Scholar and nursing organization websites and adapted the snowball technique to identify additional sources following the used references and recommended sources (Jaskiewicz & Tulenko, 2012; Wohlin, 2014). The selection of articles are managed using the Mendeley reference. Duplicated articles were removed. The articles were further selected based on the title and abstract following the inclusion and exclusion criteria. However, if the title and abstract were not able to describe the contents of the article, the articles were read in full text. The articles that passed the assessment criteria were analyzed.

As a data charting process, the articles were further analyzed and arranged in a descriptive format that is suitable for the purpose of the scoping review such as charts or tables and/or other data depiction formats (Arksey & O'Malley, 2005). Mapping allows authors to identify content similarities and gaps in the articles found (Armstrong et al., 2011). The mapping format consists of general information articles, including the author, year of publication, research location, population, research objectives, methodology, and important results (Arksey & O'Malley, 2005). In this study, important results can be in the form of a concept interpreted as professional boundaries according to the nurses' understanding which is further processed in the data analysis stage.

Reporting results are submitted in the form of data extraction chart and narratives. Furthermore, the extracted data were analyzed by inductive content analysis method because this approach is in line with the goal of mapping a concept of professional boundaries. The stages of content analysis following Elo and Kyngäs (2008) are carried out in three stages: preparation, organizing and reporting (Elo & Kyngäs, 2008). When formulating categories by inductive content analysis, the authors decide which things fall into the same category through an interpretation. Each category is named using a content characteristic code. Subcategories with similar items are grouped together as a main category (Elo & Kyngäs, 2008).

RESULTS AND DISCUSSION

The search strategy yielded 16 eligible articles and those were analyzed. The flow of the various steps is presented in a PRISMA 2020 flowchart below (Page et al., 2021).

Characteristics of Study

based on nurses' understanding in various areas of nursing care practice, summarized in Table 2.

This study presents information about the concept of professional boundaries in the nurse-patient relationship

Table 1
Keyword Identification by Initial Searching on MEDLINE Through the PubMed Database to Identify Medical Subject Headings (MESH) Terms and References from Relevant Articles

Component	Major Term		Alternate Term 1		Alternate Term 2		Alternate Term 3
Population	Nurse	OR	Nurses OR Nurs*	OR	“Nurse Practitioner”	OR	“Practical nurse”
	AND						
Context	Understand	OR	Comprehend	OR	Interpret	OR	Perceive
	AND						
Concept	“Professional Boundar*”	OR	“Boundary Violation”	OR	“Boundary Crossing”	OR	“Relationship boundar*”
	AND						
	“Nursing Practice”	OR	“Therapeutic Relationship”	OR	“Nurse-patient”	OR	Healthcare

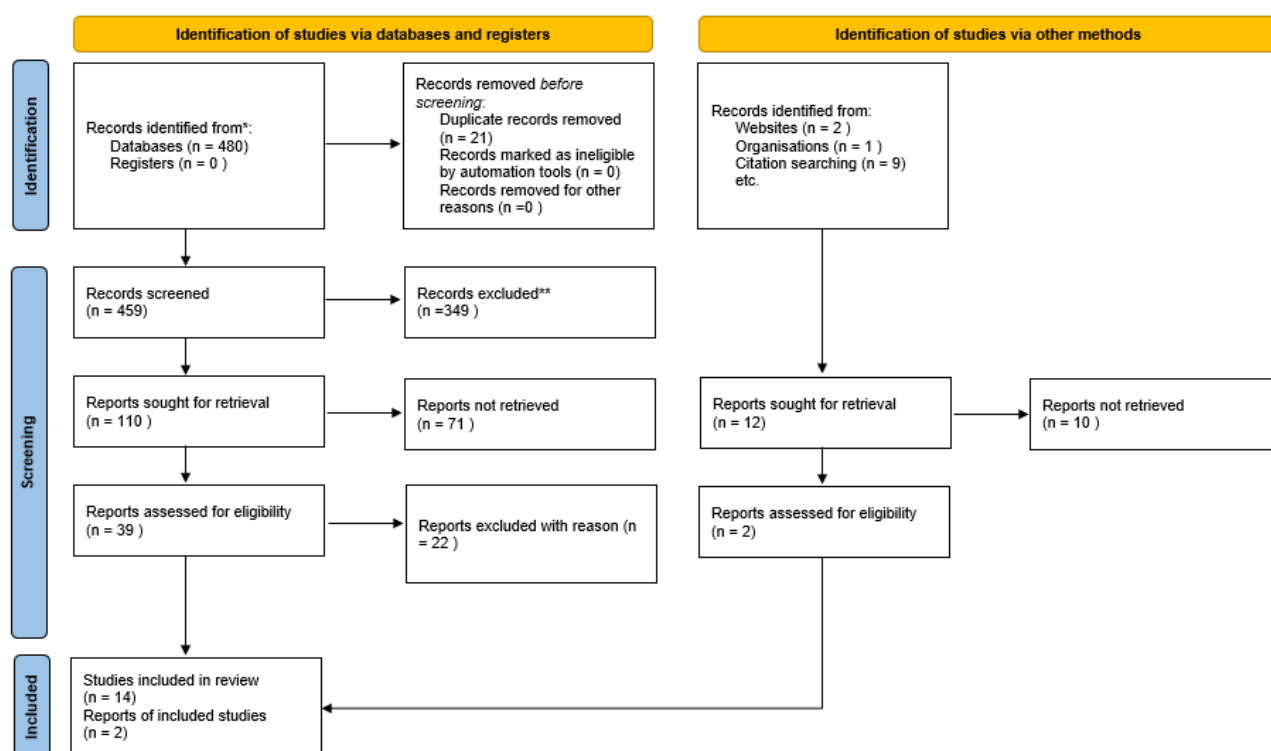


Figure 1
PRISMA 2020 flow diagram

Table 2
Categories of The Concept of Professional Boundaries

Category	Subcategory	Articles
Operational definition of professional boundaries	Limitations in the nurse-patient relationship	A1; A2; A3; A5; A7; A16; A9; A10; A11; A12
The purpose and benefits of implementing professional boundaries	Provide safety for nurses and patients and maintain a therapeutic relationship	A1; A2; A3; A4; A7; A16; A13; A9; A10; A11; A12
Type of boundaries	Nurse-patient emotional boundaries, time boundaries or intensity of nurse-patient involvement; boundaries on sexual attitudes and	A1; A14; A2; A5; A15; A6; A7; A8; A16; A13; A9; A4;

Category	Subcategory	Articles
	behaviors that can be carried out by nurse-patients in a therapeutic relationship; boundaries on material giving in the form of gifts or money by the patient to the nurse and vice versa; the boundaries of the nurse's privacy involvement to the patient and vice versa; the boundaries of the relationship.	A11
Factors supporting the implementation of professional boundaries	Competent nurses and clinical support and/ or supervision.	A14; A3; A5; A15; A6; A8; A9; A11; A12
Inhibiting factors and challenges for implementing professional boundaries	Nurses are less competent, organizational/institutional/professional policies and supervision are lacking, and different scopes or models of care.	A2; A3; A5; A15; A6; A7; A16; A13; A10; A11; A12

Table 3
Chart of Systematization of Studies Included in The Scoping Review

Title	Year Country	Objective	Method	Participant (n=)	Findings
(A1) The Practice of Mutual Protection in the Care of Children with Palliative Care Needs: A Multiple Qualitative Case Study Approach from Jordan (Atout et al., 2019)	2019 USA	To explore the experience of revealing important information in the care of children with palliative care needs, from the perspectives of doctors, and nurses and mothers in Jordan.	Qualitative case studies with semi-structured observations and interviews	Mothers, doctors, and nurses caring for children who are at the center of each case n=60	<ul style="list-style-type: none"> • Nurses try to stay within professional boundaries by avoiding friendly relationships. • Use emotional boundaries to protect yourself from suffering. • Employees are supported by the organization to implement professional boundaries.
(A2) To be or not to be in the social media arena? The perspective of healthcare providers working within adolescent and young adult oncology in Switzerland (De Clercq et al., 2020)	2020 Switzerland	To examine the perspectives of various medical professionals on the emerging role of social media in AYA oncology.	Qualitative exploration	Healthcare professionals who treat AYA cancer patients and survivors at two Swiss pediatric oncology centers n=10	<ul style="list-style-type: none"> • It is important to separate personal and professional life. • Junior nurses may find it more difficult to keep track of professional boundaries. • Professional boundaries are defined as boundaries that protect the space between nurse strengths and patient vulnerabilities
(A3) Self-management support: A qualitative study of ethical dilemmas experienced by nurses (Dwarswaard & van de Bovenkamp, 2015)	2015 Netherlands	To gain insight into the ethical dilemmas nurses face when providing self-management support to patients with chronic conditions and how they deal with them.	Qualitative study of semi-structured interviews	6 medical ethics and self-management experts and 15 nurses n= 21	<ul style="list-style-type: none"> • Nurses worry about crossing professional boundaries. • Adopting a holistic self-management support (SMS) approach challenges the professional boundaries of nurses. • Nurses find it difficult to define boundaries.
(A4) Maintaining Integrity: How Nurses Navigate Boundaries in Pediatric Palliative Care (Erikson & Davies, 2017)	2017 USA	To explore how nurses prepare for and manage professional and personal boundaries.	Qualitative Constructivist Grounded Theory (CGT) and interview	Registered Nurse n= 18	<ul style="list-style-type: none"> • Most nurses understand, build, and set their own professional boundaries based on experience. • Professional boundaries are boundaries for maintaining professional relationships and providing care. • Nurses in the study described gift giving, attending funerals..., but did not mention accepting gifts.
(A5) Maintaining Integrity: How Nurses Navigate Boundaries in	2017 Australia	To report interdisciplinary perceptions of the violation of professional	Qualitative Constructivist Grounded	Mental health nurse, social worker, occupational	<ul style="list-style-type: none"> • Sexual intimacy or contact with a client or former client is a serious offence. • "Sharing something about yourself that has no therapeutic value..." is a minor

Title	Year Country	Objective	Method	Participant (n=)	Findings
Pediatric Palliative Care (Gardner et al., 2017b)		boundaries in the therapeutic relationship.	Theory (CGT)	therapist, psychologist n= 13	boundary violation according to participants <ul style="list-style-type: none"> • Boundary setting depends on: The physical environment, the nature of the client, the length of time in the therapeutic relationship, and.... • Professional boundaries are set and maintained to ensure that there is a safe space for developing the therapeutic relationship and the therapeutic goals to be achieved.
(A6) Staff perspectives of relationships in aged care: A qualitative approach (Jones & Moyle, 2016)	2016 Australia	To explore the perceptions of elderly care staff about their relationships with coworkers, parents and family.	Pragmatic and exploratory qualitative	Direct care staff from seven elderly care facilities and 12 community organizations n= 13	<ul style="list-style-type: none"> • The most of participants expressed confusion about where to set professional boundaries. • To avoid violating professional boundaries, RACF management often introduces professional relations... • Forming any kind of relationship with the patient, whether therapeutic or professional, is not something that the nursing staff should do.
(A7) Emotion management and stereotypes about emotions among male nurses: a qualitative study (Martínez-Morato et al., 2021b)	2021 Spain	To understand how emotion management is explained by a male nurse working in the pediatrics department at a Spanish tertiary hospital.	Descriptive qualitative	Male public tertiary hospital nurses n=13	<ul style="list-style-type: none"> • Participants defined boundary setting as the ability to feel and perform the emotional work required of the profession without taking these emotions outside the work environment. • Create attachments outside of work with people they care about across professional boundaries. • For participants, certain activities, such as giving a touch of love, are not part of the profession, but are carried out as an attribute of professionalism that supports children's health.
(A8) Maintaining Professional Nursing Boundaries in the Pediatric Home Care Setting (Petosa, 2018b)	2018 USA	To present four case studies that describe boundary crossing situations in pediatric home care and provide strategies for maintaining professional boundaries with patients and their families.	Qualitative case studies	-	<ul style="list-style-type: none"> • It is forbidden to establish further relationships with the patient or act on feelings. • A properly educated home care nurse can maintain the boundaries of professional nursing. • Employers can take steps to help home healthcare nurses maintain professional relationships by providing clear policies and training.
(A9) Exploring Professional Boundaries in End-of-Life Care: Considerations for Hospice Social Workers and Other Members of the Team (Sanders et al., 2012)	2012 USA	To examine professional boundaries in the context of hospice care	Qualitative Case studies	--	<ul style="list-style-type: none"> • Professional boundaries are very important to ensure that the relationship between social workers and clients remains at a professional level. <p>Actions given to Hospitals and other long-term care organizations play an important role in supporting staff in maintaining strong professional boundaries.</p>
(A10) Do professional boundaries limit trust? (Smythe et al., 2018b)	2018 Australia	To identify the contribution of mental health support workers in New Zealand.	Qualitative Phenomenological Interpretive Approach	Mental health support workers, two mental health consumers and six relevant stakeholders. n=26	<ul style="list-style-type: none"> • Taking time off and going out with the patient's family outside the therapeutic room is considered inappropriate and violates professional boundaries. • Professionalism has created boundaries to protect nurses as individuals and patients. • Participants chose to override these limitations to be more open with the patient.
(A11) Encountering Ambivalence- A	2018 England	To explore the nurses' description of current and/or	Qualitative Interview and/or	Nurses n=16	<ul style="list-style-type: none"> • The gap between theory and practice in nursing also applies to boundary issues. • Multiple relationships involving sexual

Title	Year Country	Objective	Method	Participant (n=)	Findings
Qualitative Study of Mental Health Nurses' Experiences with Dual Relationships (Unhjem, Hem, et al., 2018b)		former patients outside of working hours.			<p>misconduct clearly cross the line in the nurse-patient relationship.</p> <ul style="list-style-type: none"> Countertransference reactions can challenge the nurse's ability to maintain therapeutic and professional boundaries in the nurse-patient relationship.
(A12) The nature of the therapeutic alliance between nurses and consumers with Anorexia Nervosa in the inpatient setting: A mixed-methods study (Zugai et al., 2018)	2018 Australia	To understand the nature of the therapeutic alliance between nurse and consumer in an inpatient setting.	Mixed methods	Consumers and nurses from six wards with special programs for the treatment of AN, in five hospitals in New South Wales Australia	<ul style="list-style-type: none"> Nurses maintain professional boundaries to protect their professional authority as nurses. Nurses have positions of power and authority. By having clear and unambiguous knowledge of ward rules and protocols, nurses can effectively maintain therapeutic boundaries.
(A13) Do you know your professional boundaries (Remshardt, 2012)	2012 USA	Describing the professional boundaries of a nurse	the Grey literature	-	<ul style="list-style-type: none"> According to nurses, understanding and adhering to professional boundaries allows nurses to serve well during the professional nursing interaction process. Some nurses may perceive boundary-related issues as a threat resulting in a lack of engagement with the patient. Nurses who work independently and lack supervision must be vigilant about maintaining professional relationships.
(A14) Professional Boundaries for Therapeutic Relationships (CNRM, 2019)	2019 Canada	To outline the registered nurse's expectations in establishing and maintaining appropriate professional boundaries in the therapeutic relationship with the client.	Grey literature	-	<ul style="list-style-type: none"> Nurses maintain professional boundaries and ensure their relationship is always in the best interests of the patient. The nurse does not abuse the relationship or enter into a personal relationship with the patient for personal or financial gain. Professional boundaries identify the parameters of the therapeutic relationship.
(A15) E-professionalism and social media use amongst nurses and midwives: A cross-sectional study (Griffin et al., 2021)	2021 Australia	To describe the use of social media of nurses and midwives, knowledge, attitudes and information needs, in the context of e-professionalism.	Cross-sectional	Nurses and midwives from one Western Australia tertiary hospital between August 2019 and February 2020 n=311	<ul style="list-style-type: none"> Participants explained about maintaining professional boundaries with respect to social media, citing professional and personal codes of ethics to guide decision-making. These boundaries can be complex in settings such as small communities.
(A16) "We Deal Here With Grey": Exploring Professional Boundary Development in a Forensic Inpatient Service (Pettman et al., 2020)	2020 USA	To explore how nurses and health workers in inpatient forensic services develop an understanding and management of their professional boundaries	Qualitative constructivist	Nurses and health workers from three forensic inpatient wards n=11	<ul style="list-style-type: none"> According to the respondents, there are certain definite black and white boundaries. The findings provide a model of the borderline professional development cycle, in which supervision, practice reflection, social learning, and vocational experience are key to learning. Safe boundaries can facilitate a safe space for both parties and the therapeutic alliance

Summary of results

A total of 16 articles were analyzed. Various years of article publication were found from 2012 to 2022. Australia contributed the most articles with six articles. Furthermore, the United States five articles, Canada, Britain, Spain, the Netherlands, Switzerland, and Jordan each found one article. Of the 16 articles, all are in English. The types of articles analyzed consisted of cross-sectional (n = 1), qualitative (n = 12), mixed method (n = 1), and grey literature (n = 2).

DISCUSSION

Based on the analysis of the 16 articles in this scoping review, it describes various concepts of nurses' understanding of professional boundaries in the nurse-patient relationship. Broadly speaking, nurses' understanding of the concept of professional boundaries highlights five main categories, which are; (1) definitions of professional boundaries, (2) goals and benefits of professional boundaries, (3) types of boundaries set, (4) supporting factors and (5) inhibiting factors and challenges in implementing professional boundaries in the nurse-patient relationship.

Definition of Professional Boundaries

The results of the reviews carried out related to the operational definition of professional boundaries based on nurses' understanding are the same as those described by the Nursing and Midwifery Board of Australia (NMBA), the National Council of State Boards of Nursing and the Nursing and Midwifery Council (NMC), and where professional boundaries are defined as boundaries or lines in the nurse-patient relationship because there is a space or gap between the strengths of nurses and patient vulnerabilities. Limits or lines in interpersonal relationships between providers and recipients of care, in this case, nurses and patients, limit what is considered appropriate and inappropriate nurse behavior toward patients, and vice versa (De Clercq et al., 2020; Griffin et al., 2021; Peluchette et al., 2012; Pettman et al., 2020; Vatandost et al., 2020).

Aims and Benefits of Professional Boundaries

The results of the article analysis show that nurses understand that professional boundaries are applied to provide a sense of security and reduce anxiety for both nurses and patients as clear rules and to keep the relationship between nurses and patients therapeutic both by providing a therapeutic environment, ensuring relationships, and being a parameter for implementation of a therapeutic relationship.

Professional boundaries provide a secure basis for ensuring a therapeutic nurse-patient relationship while maintaining patient trust (Pettman et al., 2020; Remshardt, 2012; Sanders et al., 2012; Vatandost et al., 2020). Nurses use professional boundaries as a benchmark for implementing the therapeutic relationship (College of Registered Nurses of Manitoba, 2019). Professional boundaries allow nurses to avoid getting too involved with patients to maintain a therapeutic relationship (Erikson & Davies, 2017). Hospital management also considers the risk of over-involvement (Dwarswaard & van de Bovenkamp, 2015).

By setting these boundaries, nurses can protect the privacy of patients who are at risk of causing conflict in the therapeutic relationship, especially patients with trauma (De Clercq et al., 2020; Unhjem, Vatne, et al., 2018). According to nurses, this boundary also protects integrity and personal authority of nurses as nurses set professional boundaries to avoid emotional dangers that may arise as a reaction when a patient dies (Atout et al., 2019; Martínez-Morato et al., 2021b; Smythe et al., 2018b; Unhjem, Vatne, et al., 2018; Zugai et al., 2018). Nurses try to stay within professional boundaries when they care for patients to protect themselves from situations that trigger emotional responses.

Types of Professional Boundaries

Previous research conducted by Linda et al. (2015), discusses seven general characteristics that emerge from non-research nursing articles on professional boundaries, namely; dual relations/role reversal, gifts and money, excessive self-disclosure, secretive behavior, excessive attention/over-involvement, sexual behavior, and social media (Manfrin-Ledet et al., 2015). In this scoping review, the authors identify six types of boundaries in the nurse-patient relationship: involvement related to privacy, emotions, time/intensity of interaction, sexual attitudes and behavior, material giving, and relationships.

One of the things that is common in professional boundaries is related to excessive involvement, both related to relationships, emotional aspects, and privacy (Fronek & Kendall, 2016). Nurses who become emotionally close to the patient or perceive the patient as someone special and act according to personal closeness are signs of over-involvement in the nurse-patient relationship (Atout et al., 2019; College of Registered Nurses of Manitoba, 2019; Sanders et al., 2012).

In addition, according to the ANA, it is unprofessional for nurses to have more than a therapeutic relationship with their patients, especially with vulnerable patients (American Nurses Association (ANA), 2015). In line with this, in this scoping review several articles reveal various forms of excessive nurse-patient relationships (De Clercq et al., 2020; Erikson & Davies, 2017; Jones & Moyle, 2016; Martínez-Morato et al., 2021a; Petosa, 2018a; Pettman et al., 2020). This relationship is called a "dual relationship" (Reamer, 2012; Sawyer & Prescott, 2011). Professional boundaries can become uncertain when the nurse feels the patient has become a friend and can experience pressure to maintain these friendships (Davies & Willsher, 2012). However, according to nurses who uphold the effectiveness of care, this perception prevents nurses from forming relationships with patients (Jones & Moyle, 2016). Decisions regarding the limits of dual relationships need to be considered on a case-by-case basis.

The use of social media also has its pros and cons. Most nurses are very critical of befriending patients on social media because it will affect their objectivity, and jeopardize the therapeutic relationship. For nurses, accepting or sending friend requests on social media is unprofessional because it can cross the line between professional and personal relationships (Griffin et al., 2021; Peluchette et al., 2012). However, there are nurses and health workers who are pro the use of social media where those who offer psycho-social care tend to share their personal social media to share information with patients, such as reminding patients (De Clercq et al., 2020).

Furthermore, regarding the privacy of caregivers and recipients, nurses have limited involvement regarding

privacy. Nurses in Vatandost et al.'s (2020) research maintain personal privacy by defining the nurse's personal domain to reduce the possibility of disrespect and inappropriate patient interference in the nurse-patient relationship and help build more respect in their relationship. Not only to maintain their privacy, in practice, nurses are also obliged to maintain the privacy of their patient information (Petosa, 2018b; Remshardt, 2012).

Nurses also have limitations regarding the time or intensity to interact with their patients, especially outside of working hours (Petosa, 2018b). Nurses basically establish a therapeutic relationship limited to the patient's need for nursing care and work agreements for the number of hours worked (Berman, Audrey, 2016; Scotia, 2020).

Sexual behavior is also very important to be limited in the nurse-patient relationship. Sexual behavior carried out by nurses and patients are considered the worst violation of boundaries and cannot be tolerated (College of Registered Nurses of Manitoba, 2019; Gardner et al., 2017a; Griffith, 2013).

Controversy regarding the giving and receiving of gifts is quite often a problem. Giving gifts can mean appreciation. In the subsystem theory of the professional nursing model, one of them is compensation and rewards. However, many studies have cons against this if carried out by nurse-patients. Nurses argue that, in a therapeutic relationship, receiving or giving gifts in the form of money and/or gifts made by nurses to patients, and vice versa, is inappropriate (College of Registered Nurses of Manitoba, 2019; Erikson & Davies, 2017; Petosa, 2018a). It is important for nurses to set limits regarding the material (gifts/money) and nurses should be polite when refusing gifts from patients.

Supporting Factors for the Implementation of Professional Boundaries

Several articles in this scoping review discuss the supporting factors for nurses to apply and set professional boundaries when building relationships with patients. Skills and experience in practice can facilitate nurses to set and manage professional boundaries (De Clercq et al., 2020; Erikson & Davies, 2017; Pettman et al., 2020). Reflection on the practice of nurses to apply professional boundaries is also a positive factor in the implementation (De Clercq et al., 2020). Nurses who have good knowledge usually have and master knowledge related to work area regulations, which can help nurses to better defend themselves so as not to cross professional boundaries (Erikson & Davies, 2017; Petosa, 2018b; Zugai et al., 2018).

The results also show that clinical support and/or supervision are also a supporting factor in the implementation of professional boundaries by reminding them of sanctions in case of violations (Atout et al., 2019; Jones & Moyle, 2016; Petosa, 2018b; Sanders et al., 2012). In describing professional boundaries, nurses are usually guided by a professional code of ethics, such as the principles of patient safety, treating patients and families fairly, and ethical behavior (Erikson & Davies, 2017; Fronek & Kendall, 2016; Griffin et al., 2021). Management can also provide support by providing education and training using a case-base to increase knowledge and guidance when making decisions regarding cases of professional boundaries (Cooper & Inglehearn, 2015; De Clercq et al., 2020; Fronek & Kendall, 2016; Harkrider et al., 2012).

Barriers and Challenges in Implementing Professional Boundaries

In addition to supporting factors, this scoping review also identifies barriers and challenges in applying professional boundaries expressed by nurses based on their understanding in practice. Inhibiting factors and challenges are grouped into factors originating from nurses related to lack of competence, lack of policies and supervision, as well as different scopes or models of care.

Many complex situations involve professional boundaries that are difficult to manage in a practice setting. Some of the boundaries are in the grey area, which is at risk of causing wrong steps for health workers. Although professional codes of ethics are designed to guide practitioners in negotiating this grey area, they are generally more about values and principles than a definitive set of rules, which can lead to variations in the interpretation of professional boundaries (Fronek et al., 2009a, 2009b; Smith & Fitzpatrick, 1995). Nurses felt this limitation in the research of Pettman et al., (2020).

Incompetent nurses are often faced with the difficulty of establishing a professional boundary. Nurses feel unable to set professional boundaries because they constantly adapt to new and challenging situations that require them to redefine their professional boundaries (Erikson & Davies, 2017; Jones & Moyle, 2016). The experience of nurses in applying professional boundaries in clinical practice also creates negative perceptions. Nurses consider that applying professional boundaries is at risk of making patients feel differentiated and demeaned as well as a threat to reduced nurse engagement in their relationship with a patient (Peternelj-Taylor & Yonge, 2008; Pettman et al., 2020; Remshardt, 2012). This causes nurses to hesitate to apply professional boundaries and even decide not to apply the boundaries (Smythe et al., 2018b).

Furthermore, the lack of supervision in facilitating nurses to apply professional boundaries also plays a role as a factor in the application of professional boundaries by nurses, such as home care nurses who may not have all the resources, supervision, and rules for home care nurses may be unclear. This causes home care nurses to have greater challenges than nurses in hospitals to implementing professional boundaries (Clark et al., 2002; Remshardt, 2012).

In addition, other factors are the environment in which the nurse works, the nature of the patient receiving care, and the length of time in the therapeutic relationship (Gardner et al., 2017a; Nursing and Midwifery Board of Australia, 2010). Nurses have a role to provide 24-hour care to patients (Lestari, 2014). This makes it difficult to set professional boundaries for nurses because nurses spend more time by the patient's side (De Clercq et al., 2020). Differences in the environment in which nurses work cause the rules of practice for nurses to also be different. The study conducted by Gardner et al. (2017) recommends discussing the boundaries and difficulties nurses experience when trying to negotiate boundaries in different care contexts such as those in mental health care (Unhjem, Hem, et al., 2018a), pediatrics (Martínez-Morato et al., 2021a), and small communities (Griffin et al., 2021).

The author also identifies the challenges in setting and implementing professional boundaries where adopting a holistic self-management support (SMS) approach can challenge the professional boundaries of nurses because, when adopting this approach, nurses experience conflicts about the boundaries of involvement in patients' non-medical problems (Dwarswaard & van de Bovenkamp, 2015).

In addition, the gap between theory and practice in nursing also affects the problem of professional boundaries. This gap can challenge the nurse's ability to maintain professional boundaries in the nurse-patient relationship (Unhjem, Hem, et al., 2018a).

LIMITATION OF THE STUDY

This research is not free from limitations. The limitations of this scoping review are that there is a selection bias because several important studies cannot be accessed in full-text. The author has tried to request access via the article correspondent's email, but some have not received a response, so the article is not used in this scoping review.

CONCLUSIONS AND RECOMMENDATIONS

Understanding the concept related to professional boundaries is needed in a nurse's effort to implement professional boundaries. The results of the analysis in this scoping review illustrate that nurses' understanding of the concept of professional boundaries includes five main categories. Several concepts of professional boundaries are related to definitions, goals, and benefits according to nurses' understanding in accordance with the concept of professional boundaries stated by various international nursing organizations and/or institutions such as ANA, NCSBN, NMBA, and NMC. Regarding the types of professional boundaries, these are similar to the findings previously discussed in the research of Linda et al. (2015). Meanwhile, the supporting and facilitating factors as well as the inhibiting factors and challenges in implementing professional boundaries are concepts that have not been scientifically discussed and published.

The majority of nurses define professional boundaries as boundaries or lines in the nurse-patient relationship due to the gap between the nurse's strengths and the patient's vulnerability in order to build a therapeutic relationship. Nurses have their own understanding of the types of boundaries that exist. According to nurses' understanding, there are various factors that support and hinder the implementation of professional boundaries. In general, nurses' understanding of professional boundaries depends on competence and the applicable policies in which nurses practice nursing care.

This scoping review has contributed to stimulating nurses' self-reflection, as a material for discussion, and as a decision-making suggestion, especially focusing on boundaries in aspects of the relationship during nursing care. The development of the nursing education curriculum is also a supporting factor for the application of professional boundaries in this scoping review study. In this scoping review, policymakers' role and supervision are very important to direct nurses in building relationships with patients according to professional boundaries.

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