Practitioner-client relationships and the prevention of abuse

United Kingdom Central Council
for Nursing, Midwifery and Health Visiting

Protecting the public through professional standards

Practitioner-client relationships and the prevention of abuse

United Kingdom Central Council
for Nursing, Midwifery and Health Visiting

Protecting the public through profeesional standards

Practitioner-client relationships and the prevention of abuse

Registered nurses, midwives and health visitors are responsible for ensuring that they safeguard the interests of their clients at all times. This responsibility encompasses anything which they delegate to other members of the health care team. The misuse of professional power within the practitioner-client relationship affects clients of all ages and in all settings. The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) is the statutory body which regulates the three professions. We have produced this guidance to define the standards of conduct within the practitioner-client relationship which are required at all times from registered nurses, midwives and health visitors. In doing so, our aim is to protect the public by helping to prevent the abuse of clients by practitioners.

Practitioner-client relationships – the responsibilities of registered nurses, midwives and health visitors

Introduction

1 Whilst clients are the focus of this document, the UKCC recognises that their needs will not be met while registered nurses, midwives and health visitors are themselves vulnerable to abuse within the workplace. All employers and health services managers are responsible for ensuring that practitioners can practise within the requirements of the UKCC's *Code of professional conduct* in an environment which is safe, supportive and free from abuse. Implementing the guidance contained on pages 8–14 of this document will help employers and managers to achieve this.

2 The term 'client' has been used throughout this document and refers to all groups and individuals who have direct or indirect contact with registered nurses, midwives or health visitors in a professional capacity.

3 People are vulnerable whenever their health or usual function is compromised. This vulnerability increases when they enter unfamiliar surroundings,

situations or relationships. Although illness and disability at any age can make people vulnerable, some groups of clients are more vulnerable to abuse than others. Those who are physically frail or who have mental health problems, people with learning disabilities and children all require special consideration to protect them from abuse.

The professional context

4 Self-regulation is a privilege granted by the public. Registered nurses, midwives and health visitors must never breach this trust by abusing a client. **Zero tolerance of abuse is the only philosophy consistent with protecting the public.**

5 The only appropriate professional relationship between a client and a practitioner is one which focuses exclusively upon the needs of the client. Registered nurses, midwives and health visitors should be aware of the potential imbalance of power in this relationship. This is generated by the client's need for care, assistance, guidance and support. **It is the responsibility of the registered practitioner to maintain appropriate professional boundaries within the relationship at all times**.

6 This responsibility is defined in clause nine of the UKCC's *Code of professional conduct,* which states that:

> "As a registered nurse, midwife or health visitor, you are personally accountable for your practice and, in the exercise of your professional accountability, must … avoid any abuse of your privileged relationship with patients and clients and of the privileged access allowed to their person, property, residence or workplace."

The value of the individual

7 Registered nurses, midwives and health visitors must treat the client and the client's decisions about their own care with respect. This involves identifying the client's preferences regarding nursing, midwifery and health visiting care and respecting these within the limits of current standards of practice, existing legislation and the goals of the therapeutic relationship. Practitioners are personally accountable for ensuring that they promote and protect the interests of clients in their care, irrespective of gender, age, race, disability, sexuality, culture or religious beliefs.

Boundaries in professional relationships

8 Boundaries define the limits of behaviour which allow a client and a practitioner to engage safely in a therapeutic caring relationship. These boundaries are based upon trust, respect and the appropriate use of power. The relationship between registered nurses, midwives and health visitors and their clients is a therapeutic caring relationship which must focus solely upon meeting the health or care needs of the client. It is not established to build personal or social contacts for practitioners. Moving the focus of care away from meeting the client's needs towards meeting the practitioner's own needs is an unacceptable abuse of power.

9 All professional relationships contain the potential for conflicts of interest. Registered nurses, midwives or health visitors may, on occasions, develop strong feelings for a particular client or family. These feelings in themselves are neither abnormal nor wrong. They only compromise the relationship if the practitioner acts upon them improperly. Where personal or business relationships pre-exist the professional relationship, or where dual relationships exist (such as in small communities where the practitioner may already be a personal friend of a client), it is the responsibility of the registered practitioner to maintain each relationship within its own appropriate boundary.

10 Physical contact is an integral part of healing. Supportive physical gestures as part of a therapeutic caring relationship can be essential in helping a client or in providing reassurance. In advocating a policy of zero tolerance of abuse, the UKCC continues to support appropriate physical contact as a therapeutic part of nursing, midwifery and health visiting practice.

Definitions

11 Abuse within the practitioner-client relationship is the result of the misuse of power or a betrayal of trust, respect or intimacy between the practitioner and the client, which the practitioner should know would cause physical or emotional harm to the client. Abuse takes many different forms and may be physical, psychological, verbal, sexual, financial/material or based upon neglect.

12 Abuse may be identified or suspected by a number of different people, including abused clients themselves, their carers, family members, advocates and members of the health or social care team.

Physical abuse

13 Physical abuse is any physical contact which harms clients or is likely to cause them unnecessary and avoidable pain and distress. Examples include handling the client in a rough manner, giving medication inappropriately, poor application of manual handling techniques or unreasonable physical restraint. Physical abuse may cause psychological harm.

Psychological abuse

14 Psychological abuse is any verbal or non-verbal behaviour which demonstrates disrespect for the client and which could be emotionally or psychologically damaging. Examples include mocking, ignoring, coercing, threatening to cause physical harm or denying privacy.

Verbal abuse

15 Verbal abuse is any remark made to or about a client which may reasonably be perceived to be demeaning, disrespectful, humiliating, intimidating, racist, sexist, homophobic, ageist or blasphemous. Examples include making sarcastic remarks, using a condescending tone of voice or using excessive and unwanted familiarity.

Sexual abuse

16 Sexual abuse is forcing, inducing or attempting to induce the client to engage in any form of sexual activity. This encompasses both physical behaviour and remarks of a sexual nature made towards the client. Examples include touching a client inappropriately or engaging in sexual discussions which have no relevance to the client's care.

Financial/material abuse

17 Financial/material abuse involves not only illegal acts such as stealing a client's money or property but also the inappropriate use of a client's funds, property or resources. Examples include borrowing property or money from a client or a client's family member, inappropriate withholding of a client's money or possessions and the inappropriate handling of, or accounting for, a client's money or possessions.

Neglect

18 Neglect is the refusal or failure on the part of the registered nurse, midwife or health visitor to meet the essential care needs of a client. Examples include failure to attend to the personal hygiene of a client, failure to communicate adequately with the client and the inappropriate withholding of food, fluids, clothing, medication, medical aids, assistance or equipment.

19 **Registered nurses, midwives and health visitors have a responsibility to protect clients from all forms of abuse.**

Zero tolerance in practice

20 **If, in the course of their professional practice, registered nurses, midwives and health visitors suspect or believe that a client is or has been abused, they must report this as soon as practical to a person of appropriate authority.**

21 All incidents of alleged or suspected abuse require a thorough and careful investigation which must take full account of the circumstances and the context of the abuse. The UKCC recognises the prerogative of employers and managers to take appropriate local remedial or disciplinary action. However, this does not absolve the employer or manager of the responsibility to report to the UKCC substantive allegations of professional misconduct made against named registered nurses, midwives or health visitors which, if proven, would call into question their fitness to practise. In reporting alleged professional misconduct to the UKCC, an employer or manager should identify those incidents which are serious enough to consider removing the practitioner's name from the professional register in the interests of public safety. Detailed information and advice is published in the UKCC's *Reporting misconduct – information for employers and managers,* which is available free of charge. Please see pages 14 and 16 for further details.

Guidance for practitioners and employers on the prevention, detection and management of abuse

Preventing abuse

22 Breaches of the boundary of the professional relationship between the practitioner and the client increase when potentially abusive situations are not detected. If proper professional boundaries are to be maintained, it is of paramount importance that the potential for abuse is openly acknowledged by practitioners and employers. Policies and procedures to protect clients and practitioners should be developed and implemented by registered nurses, midwives and health visitors and by their employers and managers.

23 Human relationships are complex. Emotions aroused in the course of the therapeutic relationship on the part of either the practitioner or the client do not necessarily disappear as soon as the client is discharged from care. Registered nurses, midwives and health visitors must very carefully consider whether it is ever appropriate to have anything other than a purely professional relationship with a client or a former client. **Personal relationships with vulnerable clients are never acceptable.**

24 When practitioners and clients engage in a close therapeutic relationship, the potential and opportunity for the relationship to develop in an improper manner increases. In order to maximise the safety of both the client and the practitioner, special consideration should be given to those practitioners who already work in isolation. All registered nurses, midwives and health visitors should develop an understanding of relationship issues and the processes whereby a client transfers experiences and expectations from the past onto the practitioner. All practitioners should have access to appropriate supervision and support. Further advice is available in the UKCC's *Position statement on clinical supervision for nursing and health visiting and the Midwives rules and code of practice.* Please see pages 14 and 16 for further details.

25 The prevention of abuse within the practitioner-client relationship depends upon understanding how, why and where abuse occurs. The following factors can contribute to the development of abuse within the practitioner-client relationship.

Staff attitudes

26 These include:

- the practitioner who seeks to control clients or colleagues
- the practitioner who displays disrespectful attitudes or behaviour toward clients
- a cultural tolerance of abuse within the care setting
- a cultural tolerance of practitioner-client relationships which have inappropriately developed beyond the purely therapeutic.

Supervision

27 This includes the following issues:

- lack of effective supervision
- practitioners working in isolation with limited supervision
- lack of staff support by managers
- low staff morale
- staff working under undue stress.

Resources

28 These encompass:

- a lack of training for practitioners to work in specific areas of practice
- an inability to defuse or prevent challenging client behaviour
- staff shortages
- absence of risk management processes
- management processes which do not meet their intended aims
- a service design which is unduly regimented and which does not facilitate client choice
- a working environment which is not conducive to caring.

Policies and procedures

29 The implementation of the following policies and procedures on preventing abuse will improve client and practitioner safety.

Staff support and management

30 This includes:

- thorough checking of references and police records at the interview stage of recruitment
- checking registration status directly with the UKCC confirmation service
- induction programmes for all staff which include the recognition of potential problems within the practitioner-client relationship
- regular performance review and continuing professional development
- use of clinical supervision, preceptorship and mentorship systems
- effective managerial supervision
- intervention at an early stage when practitioners are seen to be experiencing emotional difficulty or demonstrating impaired function in their client relationships
- the appropriate use of chaperones when undertaking intimate procedures
- the development of strong professional leadership.

Management policies and procedures

31 These include:

- guidelines and policies which clarify the limits of the practitioner-client relationship, including following discharge from care
- a high profile internal complaints procedures within a 'fair blame' culture
- developing and implementing an explicit misconduct policy which includes procedures for internal investigation and reporting requirements
- promoting and maintaining good communication channels which maximise feedback from clients, practitioners and managers
- ensuring fair and equitable management processes, including effective policies for dealing with harassment in the care setting
- a clear organisational commitment against discrimination or victimisation of anyone making an allegation of abuse based on reasonable evidence
- developing advocacy programmes to support clients
- a regular audit of practice, including critical incident and 'near miss' analysis.

Education and professional development programmes

32 Specific training is an essential means of raising awareness and developing an understanding of abuse on the part of the registered nurse, midwife or health visitor. This can be enhanced through continuing professional development programmes which incorporate reflective practice and supervision.

33 The safety of clients and practitioners will benefit from training programmes which explore the following issues:

- indicators of abuse
- the nature of the practitioner-client relationship
- forms of address and over-familiarity
- doing favours or treating a client with inappropriate favouritism
- exchanging gifts
- the potential for exploitation within dual relationships
- in-depth understanding of relationship issues and the processes whereby a client transfers experiences and expectations from the past onto the practitioner
- practitioners' experiences of manipulation by clients who are difficult to manage
- practitioners' reactions to reporting colleagues who are suspected of abuse
- the role of the practitioner as a client advocate
- standards of care
- delegation to and the training and supervision of non-registered practitioners
- how to develop and implement standards and guidelines on abuse
- helping practitioners to highlight aspects of their own behaviour which may not be therapeutic to their clients.

Detection of abuse

34 Detecting problems within the professional relationship between the practitioner and client is rarely a simple process. Many incidents remain private and undocumented. However, investigations of alleged abuse have often identified signs of difficulties within the practitioner-client relationship

which, if recognised earlier, could have led to the detection of abuse. Examples include:

- the practitioner exhibiting a sudden change in behaviour or dress
- the practitioner's general behaviour changing toward a particular client
- subtle changes in body language on the part of either the practitioner or the client
- the practitioner or the client exhibiting signs of stress
- secrecy and defensiveness, rather than confidentiality, when the practitioner discusses the client's care with colleagues
- the client beginning to demonstrate signs of having inside knowledge of the department, its staff or of other clients
- the client becoming increasingly withdrawn or exhibiting signs of increasing anxiety and loss of concentration
- the client showing signs of physical injury, such as unexplained bruises, grazes, swellings and bleeding
- the client becoming fearful and showing signs of loss of self-esteem
- the client becoming manipulative, uncooperative or aggressive.

35 Other methods of detection include:

- discovering a lack of comprehensive records about a particular client
- discovering actual injury to the client
- reporting of incidents by the client, the practitioner, a family member or carer
- formal complaint
- direct observation
- the skilled use of play with children.

Management of abuse

36 The organisational costs of abuse in the workplace are generally underestimated. Rehabilitation and potential litigation costs for victims of abuse can be considerable. Absenteeism, sickness and the provision of psychological support for staff witnessing abuse all have financial implications.

37 The development and implementation of robust policies and procedures for the management of abuse, or potentially abusive situations, at the local organisational level is critical, both in the interests of public protection and for the confidence and morale of registered nurses, midwives and health visitors. Employers and managers who receive complaints from clients or practitioners must have the knowledge and skills to enable them to investigate confidently and efficiently, whilst providing support to those involved. This may require additional training and support.

38 Local policies and procedures should make explicit the following:

- a statement of zero tolerance
- the practitioner's responsibilities in reporting suspected abuse to a person of appropriate authority as soon as possible, being mindful of the need to maintain client confidentiality and the circumstances in which the practitioner should consider breaching this in the client's interest (for further information, please refer to paragraphs 54-61 of the UKCC's *Guidelines for professional practice*)
- the identification of those of appropriate authority to whom issues of concern should be reported
- the procedure to follow if the alleged abuser **is** the appropriate authority for raising concerns
- the responsibilities of the person(s) of appropriate authority, including the management of factors which may contribute to the abusive situation
- the need to take seriously and investigate fully all allegations and complaints
- the organisation's responsibilities and processes for investigating allegations of abuse, including guidance for the use of child protection procedures, for the involvement of the police and of the UKCC if appropriate
- procedures for holding sensitive information in a way which respects client confidentiality but which ensures that the information remains accessible if required.

39 Employers and managers should clearly document any inappropriate behaviour between a registered nurse, midwife or health visitor and a client which they may witness or which may be reported to them. They should specify:

- the identity of the offender and of any witnesses
- the nature of the abuse
- the date, time and place where the incident(s) occurred
- the circumstances surrounding the event(s) and the action taken
- details of the support which is available for the individual reporting the abuse and for the rest of the health care team.

Conclusion

40 The UKCC has produced this guidance to make explicit the UKCC's expectations of registered nurses, midwives and health visitors over the issue of practitioner-client relationships. The guidance will not address every situation which arises during the course of a practitioner's career and registrants will need to use their own professional judgement in specific circumstances. It will, however, provide a starting point in the development of a wider understanding of these issues.

Further information

41 Copies of the UKCC publications referred to in this document are available free of charge by writing to the UKCC Distribution Department at 23 Portland Place, London W1N 4JT, by e-mail at publications@ukcc.org.uk or by fax on 020 7436 2924. A list of selected UKCC publications is available on page 16. Our professional advice service is available to discuss in confidence any of the issues covered in this document. The service can be contacted in writing at the address above, by e-mail at advice @ukcc.org.uk, by telephone on 020 7333 6541/6550/6553 or by fax on 020 7333 6538.

September 1999

Summary

- Registered nurses, midwives and health visitors are responsible for ensuring that they safeguard the interests of their clients at all times.
- All employers and health services managers are responsible for ensuring that practitioners can practise within the requirements of the UKCC's *Code of professional conduct* in an environment which is safe, supportive and free from abuse. Implementing the guidance contained on pages 8–14 of this document will help employers and managers to achieve this.
- Zero tolerance of abuse is the only philosophy consistent with protecting the public.
- The only appropriate professional relationship between a client and practitioner is one which focuses exclusively upon the needs of the client.
- It is the responsibility of the registered practitioner to maintain appropriate boundaries within the practitioner-client relationship at all times.
- All professional relationships contain the potential for conflicts of interest.
- Abuse takes many different forms and may be physical, psychological, verbal, sexual, financial/material or based upon neglect.
- Registered nurses, midwives and health visitors have a responsibility to protect clients from all forms of abuse.
- If, in the course of their professional practice, registered practitioners suspect or believe that a client is or has been abused, they must report this as soon as practical to a person of appropriate authority.
- Registered nurses, midwives and health visitors must very carefully consider whether it is ever appropriate to have anything other than a purely professional relationship with a client or a former client.
- Personal relationships with vulnerable clients are never acceptable.
- The prevention of abuse within the practitioner-client relationship depends upon understanding how, why and where abuse occurs.
- Employers and managers should clearly document any inappropriate behaviour between a registered practitioner and a client which they may witness or which may be reported to them.

Selected UKCC publications at September 1999

Code of professional conduct** June 1992

The scope of professional practice** June 1992

Standards for the administration of medicines* October 1992

Position statement on clinical supervision for nursing and health visiting April 1996

Guidelines for professional practice June 1996

Reporting misconduct – information for employers and managers August 1996

Reporting unfitness to practise – information for employers and managers August 1996

Issues arising from professional conduct complaints November 1996

Scope in practice February 1997

Protecting the public July 1997

The nursing and health visiting contribution to the continuing care of older people November 1997

Complaints about professional conduct March 1998

Guidelines for mental health and learning disabilities nursing April 1998

Making a complaint June 1998

Guidelines for records and record keeping** October 1998

Midwives rules and code of practice** December 1998

*currently under review
**also available in Welsh

To obtain copies of any of these publications, please write to the UKCC Distribution Department at 23 Portland Place, London, W1N 4JT, by e-mail at publications@ukcc.org.uk or by fax on 020 7436 2924. All UKCC publications are free of charge and most are available in unlimited quantities.

United Kingdom Central Council
for Nursing, Midwifery and Health Visiting
23 Portland Place, London W1N 4JT
Telephone 020 7637 7181 Fax 020 7436 2924
www.ukcc.org.uk

Protecting the public through professional standards