



Guidelines: Professional Boundaries

Contents

Introduction	1	Preventing boundary transgressions	7
The importance of maintaining boundaries in professional relationships	2	Questions for reflection	8
A continuum of professional behaviour	4	Signs of over involvement in a nurse-health consumer relationship	9
Pre-existing relationships	4	Sexual relationships with current health consumers	10
Working with Māori consumers	5	Sexual relationships with current health consumer's partners or family members	10
Caring for close friends or family/whanau/hapū/iwi	5	Relationships with former health consumers and their families	11
Working in small, rural or remote communities	6	Gifts	12
Social media and electronic forms of communication	6	Bequests, loans or financial transactions	13
Concluding professional relationships	7	Financial transactions	13
		Acting as a representative or power of attorney	14
		What to do if you become aware of a colleague's boundary transgression	14
		References	15
		Glossary	16

Nursing Council of New Zealand, PO Box 9644, Wellington 6011
 www.nursingcouncil.org.nz
 Published June 2012
 © Nursing Council of New Zealand June 2012
 ISBN: 978-0-908662-43-2



Introduction

This guideline has been developed by Te Kaunihera Tapuhi o Aotearoa/ Nursing Council of New Zealand ("the Council") to provide advice to nurses (and the public) on nurses maintaining appropriate professional relationships with health consumers. Nurses must be aware of their professional responsibility to maintain appropriate personal, sexual and financial boundaries in relationships with current and former health consumers and their families.

The role of the Council is to protect the health and safety of the public by setting standards of clinical competence, ethical conduct and cultural competence for nurses¹. The *Code of Conduct for nurses* (Nursing Council of New Zealand, 2012) sets standards of professional behaviour that nurses are expected to uphold. It is expected that nurses maintain these standards of conduct within their professional practice and, to some extent, within their personal lives. The *Code of Conduct for nurses*, together with the competencies for nursing scopes of practice² and other Council guidelines, provide a framework for safe and

responsible nursing practice that protects public safety.

This guideline contains standards of behaviour from the *Code of Conduct for nurses* and more detailed advice on professional boundary issues and how they should be managed. It is not possible to provide guidance for every situation and nurses must develop and use their own professional and ethical judgment and seek the advice of colleagues and/or their professional organisation when issues arise in relationships with health consumers.

Different cultures may have different expectations, and understanding of relationships and boundaries. Culturally safe nursing care involves balancing power relationships in the practice of nursing so that every health consumer receives effective treatment and care to meet their needs that is culturally competent and culturally responsive.

¹ Functions of authorities Section 118 (j) of the Health Practitioners Competence Assurance Act

² Nursing Council of New Zealand Competencies for registered nurses (2011), Nursing Council of New Zealand Competencies for enrolled nurses (2011) and Nursing Council of New Zealand Competencies for nurse practitioners (2008).

Aotearoa/New Zealand is a small country and this guideline has been developed recognising that nurses are members of their communities and may have existing relationships with some health consumers. The Nursing Council is aware that for Māori and others, establishing connections and relationships of trust, are an important element of providing culturally safe care. The principles of the Tiriti O Waitangi/Treaty of Waitangi, partnership, protection and participation, are integral to providing appropriate nursing services for Māori. This guideline provides advice on professional boundaries when working with Māori health consumers.

This Guideline and the *Code of Conduct for nurses* contain the Council's advice on professional boundaries. Documents developed in a joint project with the Australian Nursing and Midwifery Council (see references) have contributed to this guideline. The Council has further developed this guidance to recognise the context of nursing in Aotearoa/New Zealand and include more specific advice on sexual relationships with health consumers.



The importance of maintaining boundaries in professional relationships

Code of Conduct for Nurses Standard 7.13

Maintain a professional boundary between yourself and the health consumer and their partner and family and other people nominated by the health consumer to be involved in their care.

Professional relationships are therapeutic relationships that focus on meeting the health or care needs of the health consumer. Nurses must be aware that in all their relationships with health consumers they have greater power because of their authority and influence as a health professional, their specialised knowledge, access to privileged information about the health consumer and their role in supporting health consumers and those close to them when receiving care. The health consumer does not have access to the same degree of information about the nurse as the nurse does about the health consumer thereby increasing the power imbalance. The nurse may also have a professional relationship with the health consumer's family and others close to that person that may increase the health consumer's vulnerability.

The power imbalance is increased when the health consumer has limited knowledge, is made vulnerable by their health circumstances or is part of a vulnerable or marginalised group. Some particularly vulnerable consumers are children, frail older people, and those with a mental illness or disability. Health consumers must be able to trust nurses to protect them from harm and to promote their interests. Nurses must take care to ensure that their own personal, sexual or financial needs are not influencing interactions between themselves and the health consumer. They must also recognise that health consumers may read more into a therapeutic relationship with the nurse and seek to have personal or sexual needs met. It is the nurse's responsibility when this occurs to maintain the appropriate professional boundary of the relationship.

The nurse has the responsibility of knowing what constitutes appropriate professional practice and to maintain his or her professional and personal boundaries. The health consumer is in an unfamiliar situation and may be unaware of the boundaries of a professional relationship. It is the responsibility of the nurse to assist health consumers to understand the appropriate professional relationship. There is a professional onus on nurses to maintain a relationship based on care plans and goals that are therapeutic in intent and outcome.

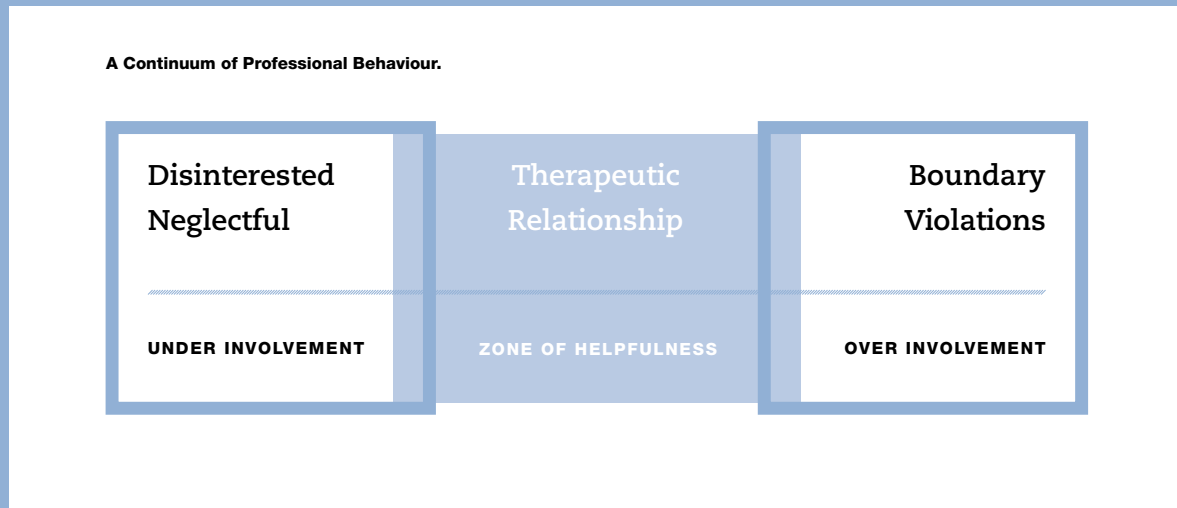
A diagram representing a continuum of professional behaviour provides a picture of therapeutic versus non-therapeutic behaviour in the relationship between the nurse and the health consumer³.

³ Adapted from NCSBN



The 'zone of helpfulness' describes the centre of a continuum of professional behaviour. This zone is where the majority of interactions between a nurse and a health consumer should occur for effectiveness and safety. 'Over involvement' of a nurse with a person in their care is to the right side of the continuum; this includes inappropriate relationships with the health consumer or their family members.

'Under involvement' lies to the left side of the continuum; this includes distancing, disinterest, coldness and neglect. These behaviours can be seen also as boundary issues but they are not discussed here in detail as the focus of the document is on the over-involvement end of the continuum.



Every nurse-client relationship can be plotted on the continuum of professional behaviour.



Pre-existing relationships

When a nurse has a pre-existing relationship with a health consumer, such as being a neighbour, acquaintance or business associate, the nurse needs to be aware of the potential for boundary confusion (by the nurse or health consumer) and possible harm. The nurse must clarify and if necessary communicate this new professional relationship with the person in order to provide appropriate nursing care, and also declare it to the other members of the team and document it in the health consumer's record. The health consumer should be offered the choice to be assigned to another nurse, if possible.

Nurses need to ensure that the pre-existing relationship does not undermine their professional judgment and objectivity when the person is in their care and they may need to take steps to hand over the care to another nurse if practicable. If possible the nurse should not be the primary nurse or only health practitioner involved in this person's care.

It is critical that nurses distinguish between 'being friendly' and 'being friends'. To achieve this, clear boundaries have to be established identifying when they are acting in a personal role and when they are acting in a professional role. By establishing these boundaries nurses protect the confidentiality of the health consumer and protect their own personal integrity.

Working with Māori consumers

Effective and culturally responsive practice with Māori is likely to be based on an understanding of tikanga (Māori principles and values). Whanaungatanga involves establishing a relationship of trust by making connections. This may include the nurse sharing information about whanau (family), whakapapa (ancestors) or their own personal life to establish trust and relationship. It may also include establishing relationships with the health consumer's whanau and including them in decisions about care. Manaaki involves sharing hospitality or kai (food) to show respect and establish relationships. It is important that nurses partake in rituals around food.



Caring for close friends or family/whanau/hapū/iwi

In situations where a nurse has to provide care to close friends or family members it is rarely possible for the nurse to maintain sufficient objectivity about the person to enable a truly professional relationship to develop. In these situations, where possible, another nurse should be assigned responsibility for that person's care. However, at times, a nurse may have to care for a friend or family member in an emergency, or where they live in small communities where there is limited access to nurses to whom they can hand over care. When a nurse has no option other than to care for a close friend or family member, care should be handed over to another appropriate care provider when it becomes practicable. If care has been assigned to the nurse who is a family member this should be documented in the care plan.

It is also important for nurses to be clear about their role when a close friend or family member is receiving care. They have a role as an informed support person or family member but are not there to make decisions about the nursing care.

Some Māori nurses have a strong sense of accountability in working with and caring for whanau/hapū/iwi. Māori nurses need to be clear about their role as a professional and their role as a relative. They must recognise when they may need to pass on care to another i.e. when they feel uneasy and are losing clarity, their professional judgment may be compromised or they experience strong emotions as a close relative.

Working in small, rural or remote communities

There is a natural overlap and interdependence of people living in small, rural or remote communities. When someone from the community requires professional care from the nurse, the nurse needs to keep themselves safe by clarifying the shift from a personal to a professional relationship in an open and transparent way. The nurse has to ensure the person's care needs are first and foremost and they must manage privacy issues appropriately. For example the nurse might be approached for information about the health consumer in a local store by a concerned neighbour and must maintain the health consumer's privacy.

If possible the health consumer should be given a choice of carer if they know the nurse from a prior relationship. When off duty the nurse should refer the health consumer to the appropriate on duty health practitioner.

Small communities are not limited to rural and remote communities: they also include small or discrete communities within large urban centres (e.g. religious, gay or military communities).



Social media and electronic forms of communication

Maintain professional boundaries in the use of social media. Keep your personal and professional life separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.

Text messaging can be an appropriate form of professional communication e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure that communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.

* Further information on working safely with social media can be found in the New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the tertiary sector (2012) Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.

Concluding professional relationships

Knowing how and when to conclude professional relationships is as important as knowing how to begin them. The conclusion of a relationship occurs when a health consumer and their family are able to manage their own health needs or if needs are still evident a referral has been made to another health provider.

A nurse may decrease their involvement with a health consumer or may actively encourage other support if the health consumer is becoming unduly dependent on the nurse.

Termination rituals may be appropriate in some circumstances where there has been a close involvement. This could happen in different ways depending on the culture of the health consumer e.g. attendance at a Tangihanga or funeral may be an appropriate way of showing respect for the health consumer and their family/whanau.



Preventing Boundary Transgressions

This section focuses on boundary issues that arise when a nurse becomes **over involved** with a health consumer or family/family member. The nurse may believe she/he is helping the health consumer (or family member) by developing a friendship or close relationship. However these boundary crossings have the potential to harm the health consumer by changing the focus from the therapeutic needs of the health consumer to meeting the nurse's own needs e.g. to be "special" or helpful or needed, or to be close to someone or to have other personal, financial or sexual needs met. They have the potential to harm the health consumer by increasing their vulnerability or dependence in the relationship with the nurse and could be detrimental to their health outcomes by compromising the nurse's objectivity and professional judgment. The harmful consequences may not be recognised or experienced until much later.

Nurses can reduce the risk of boundary transgressions by:

- Maintaining the appropriate boundaries of the nurse-health consumer relationship, and helping health consumers understand when their requests are beyond the limits of the professional relationship.
- Developing and following a comprehensive care plan with the health consumer.
- Involving other members of the health care team in meeting the health consumer's needs.
- Ensuring that any approach or activity that could be perceived as a boundary transgression is included in the care plan developed by the health care team.
- Recognising that there may be an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings e.g. rural and remote locations. For example, when care is provided in a person's home, a nurse may become involved in the family's private life and needs to recognise when his or her behaviour is crossing the boundaries of the professional relationship.



- Consulting with colleagues and/or the manager in any situation where it is unclear whether behaviour may cross a boundary of the professional relationship, especially circumstances that include self disclosure or giving a gift to or accepting a gift from a health consumer.
- Documenting individualised information in the health consumer's record regarding instances where it was necessary to consult with a manager or colleague about an uncertain situation.
- Considering the cultural values of the health consumer in the context of maintaining boundaries, and seeking advice from cultural advisors.
- Raising concerns with a colleague if the nurse has reason to believe that they may be getting close to crossing the boundary or that they have crossed a boundary. Sometimes a newly registered nurse may not be aware that his/her actions have crossed a boundary.
- Discussing the nature of a therapeutic relationship with a health consumer if they believe that the health consumer is communicating or behaving in a way that indicates they want more than a professional relationship with the nurse.
- Consulting with colleagues or the manager where another colleague appears to have transgressed boundaries or a health consumer is behaving in an inappropriate manner towards a nurse.
- Reducing professional isolation by maintaining regular contact with nursing peers, reflecting on professional relationships with peers and participating in formal clinical supervision.



Questions for reflection

Is the nurse doing something the health consumer needs to learn to do themselves?

Whose needs are being met – the health consumer's or the nurse's?

Will performing this activity cause confusion regarding the nurse's role?

Is the behaviour such that the nurse will feel comfortable with their colleagues knowing they had engaged in this activity or behaved in this way with a health consumer?

Signs of over involvement in a nurse-health consumer relationship

Some warning signs that the boundaries of a professional relationship may be being crossed and that an inappropriate personal or sexual relationship is developing are:

- The nurse reveals feelings and aspects of his/her personal life to the health consumer beyond that necessary for care.
- The nurse becomes emotionally close to a health consumer or regards the health consumer as someone special.
- The nurse attempts to see the health consumer (or the health consumer attempts to see the nurse) outside the clinical setting or outside normal working hours or after the professional relationship has ceased.
- The nurse frequently thinks of the health consumer when away from work.
- The nurse receives gifts or continues contact with a former health consumer after the care episode or therapeutic relationship has concluded.
- The nurse provides the health consumer with personal contact information.
- A health consumer is only willing to speak with a particular nurse and refuses to speak to other nurses.
- The nurse denies that a health consumer, or was in his or her care in the past.
- The nurse accesses the health consumer's health record without any clinical justification.
- The nurse gives or accepts social invitations.
- Texting or using forms of social media to communicate in a way that is not clinically focused.
- The nurse touches the health consumer more than is appropriate.



- The nurse includes sexual context in interactions with the health consumer or in relation to their partners, family and friends.
- The nurse changes his or her dress style for work when working with a particular health consumer.
- The nurse participates in flirtatious communication, sexual innuendo or offensive language with a health consumer.
- The nurse is unable or reluctant to conclude a professional relationship and pursues a personal relationship with the health consumer.
- The nurse fosters dependency in the health consumer and does not encourage self-management.

Sexual relationships with current health consumers

Code of Conduct for Nurses
Standard 7.14

Do not engage in sexual or intimate behaviour or relationships with health consumers in your care or those close to them.

Sexual relationships with current health consumers are inappropriate. They are unacceptable because they can cause significant and enduring harm to health consumers, damage the health consumer's trust in the nurse and the public trust in nurses, impair professional judgment and influence decisions about care and treatment to the detriment of the health consumer's well being. However consensual the relationship appears to be, there is a power imbalance that will always mean that there is the potential for abuse of the nurse's professional position and harm to the health consumer.



Sexual relationships with health consumer's partners or family members

It is a reasonable expectation that the professional relationship will not be exploited in any way by the nurse to have his/her own needs met. On occasion nurses may find themselves sexually attracted to a health consumer's family member or carer. It is the nurse's responsibility to ensure that he/she never acts on these feelings and recognises the harm that any such action would cause.

Relationships with former health consumers and their families

Sexual relationships with former health consumers may be inappropriate however long ago the professional relationship ceased. There is no arbitrary time limit that makes it safe for a nurse to have an intimate or sexual relationship with a health consumer who was formerly in their professional care. The reason for this is that the sexual relationship may be influenced by the previous therapeutic relationship where there was a clear imbalance of power. There is also potential for the health consumer to be harmed by this relationship.

In considering whether a relationship could be appropriate the nurse must consider:

- how long the professional relationship lasted (the longer the relationship lasts, the less appropriate a personal relationship becomes). Assisting a health consumer with a temporary problem e.g. a broken limb is different from providing long-term care for a chronic condition;
- the nature of that relationship in terms of whether there was a significant power imbalance and whether the nurse could be perceived as using their previous influence to begin a relationship;
- the vulnerability of the health consumer at the time of the professional relationship and whether they are still vulnerable (including the health consumer's psychological, physical and character traits);



Guidelines. Professional Boundaries

- whether they may be exploiting the knowledge they hold about the health consumer because of the previous professional relationship; and
- whether they may be caring for the health consumer or his or her family members in the future.

Where the relationship was a psychotherapeutic one or involved emotional support, where the nurse was privy to personal information that could compromise the health consumer person if used out of a professional setting, or if the health consumer was previously a mental health consumer or has an intellectual disability, it may never be appropriate for a sexual or intimate relationship to develop.

The same considerations apply to relationships with the family members of former patients. There could be potential to harm the health consumer or other family members. In situations that are unclear the nurse should seek advice from their professional organisation.



Gifts

Code of Conduct for Nurses Standard 7.6

Accepting gifts, favours or hospitality may compromise the professional relationship with a health consumer. Gifts of more than a token value could be interpreted as the nurse gaining personal benefit from his/her position, the nurse taking advantage of a vulnerable health consumer, an attempt to gain preferential treatment, or an indicator of a personal or emotional relationship.

- Generally speaking nurses should politely decline anything other than “token” gifts from health consumers e.g. chocolates or flowers. It is more acceptable for a gift to be given to a group as any provision of good care is by the whole team rather than an individual nurse.
- Small consumable gifts for sharing, such as chocolates may be acceptable. Larger items or items of value are unacceptable.
- Health consumers should never form the impression that their care is dependent upon gifts or donations of any kind.
- Cash gifts should never be accepted. Health consumer’s who wish to give cash may be permitted by the organisation’s policy to donate funds to a charity or to add to a fund to purchase items to benefit other health consumer or the staff as a group.



Guidelines. Professional Boundaries

- There may be situations when refusing a gift may be difficult, impolite or appear to be culturally insensitive. The giving of gifts may be an expectation under certain circumstances or within some cultures.
- Most organisations have clear policies concerning the receipt of gifts. Any gift must be openly declared to ensure transparency. Nurses may contact their professional organisation for advice if no policy exists.
- Nurses should not give gifts to health consumers as the health consumer may feel obligated to give something in return, or interpret the gift as an indicator of a personal relationship.

Bequests, loans or financial transactions

Code of Conduct for Nurses Standard 7.7 And 7.8

Do not ask for or accept loans or bequests from anyone in your care or anyone close to the health consumer.

Do not enter into a business agreement with a health consumer or former health consumer that may result in personal benefit.

As with a gift, the best option is to refuse a bequest with a polite explanation or request that it be reassigned to an appropriate charitable organisation or the family and disclose it to managers or senior personnel.

This situation is particularly difficult for several reasons. There may be family considerations in that the family may not be supportive of the bequest. The family and the nurse may not even know about the bequest until the health consumer has died. Family members or colleagues may perceive that the nurse has exerted undue influence on a vulnerable health consumer in their care.



Financial transactions

Health consumers may develop a relationship of trust with nurses and seek to involve them in financial transactions or ask them to represent them.

Financial transactions between a nurse and a health consumer (other than in a contract for provision of services) may compromise the professional relationship by resulting in monetary, personal or other material benefit, gain or profit to the nurse. Nurses have access to personal and confidential information about health consumers under their care that may enable them to take advantage of situations that could result in personal, monetary or other benefits for themselves or others. A nurse could also influence or appear to coerce a health consumer to make decisions resulting in benefit to the nurse or personal loss to that health consumer and it is unacceptable for nurses to take such actions.

Nurses may be legitimately required by their employer to purchase items on a health consumer's behalf or assist them with other financial matters under specific conditions. All transactions must occur within acceptable organisational policy, be documented in the health consumer's record and another appropriate person/signatory should always be involved when money or property is involved.

Acting as a representative or power of attorney

Code of Conduct for Nurses Standard 7.9

Do not act for health consumers in your care through representation agreements nor accept power of attorney responsibilities to make legal and financial decisions on behalf of health consumers.

Family members or colleagues may perceive that the nurse has exerted undue influence on a vulnerable health consumer in their care. There may occasionally be an exception to this principle when the health consumer is also a relative or close friend and no alternative arrangement can be made. The nurse needs to discuss the situation with both their manager or senior nurse and other family members and document the discussion.



What to do if you become aware of a colleague's boundary transgression

The health consumer's welfare must be the first concern. Some boundary transgressions may be unintended, a nurse may be unaware that they have crossed a boundary. Under such circumstances, it may be easier for a nurse to address a colleague about a boundary transgression and easier for individual nurses to be approached by a colleague. The issues that a nurse could address with the colleague include:

- what was observed?
- how that behaviour was received?
- the impact on the health consumer; and
- the employer's professional practice standards.

If unable to speak to the colleague directly or if the colleague does not recognise the problem the next step is for the nurse to speak to his or her immediate supervisor. The nurse should put the concerns in writing and include the date, time, witnesses and some type of identification of the person concerned. If the

situation is not resolved at this level, or if the issue is a serious boundary transgression, further action may be required such as reporting the matter to the appropriate regulatory authority.

Nurses observing the inappropriate conduct of colleagues, whether in practice, management, education or research, have both a responsibility and an obligation to report such conduct to an appropriate authority and to take other action as necessary to safeguard health consumers. Failure to take steps to prevent harm to a health consumer may lead to disciplinary action being taken against that nurse.

If the nurse is approached by a colleague who has displayed sexualised behaviour to a health consumer, the first priority is the safety of the health consumer and the nurse must take the appropriate steps without delay, including informing the employer and/or regulatory body, or even the police if the nurse has reason to believe that a criminal offence has been committed.

Nurses may be made aware of a colleague's actions by the health consumer, either the person directly affected by the conduct or another health consumer. The nurse should be conscious of how difficult it may have been for the health consumer to come forward with this information. The best course of action in these circumstances is to answer the health consumer's questions, provide information to assist the health consumer in deciding if a breach of professional boundaries has taken place, and inform the health consumer of the avenues for making a complaint if he or she wishes to do so.

Even if the health consumer does not wish the matter to be pursued if the nurse believes that there is a risk to public safety, the nurse must act without delay so that any concerns are investigated and the health consumer protected. If in doubt the nurse should seek advice from a colleague, manager or the appropriate professional or regulatory body.

Decisions on serious professional boundary transgressions can be accessed on the Health Practitioners Disciplinary Tribunal website at **www.hpdt.org.nz**.



References.

Australian Nursing and Midwifery Council (2010). *A nurse's guide to professional boundaries*.

Australian Nursing and Midwifery Council. *Draft Background paper to the nurse's guide to professional boundaries*.

College and Association of Registered Nurses of Alberta (2005). *Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship*.

Council for Healthcare Regulatory Excellence (2008). *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*.

College of Nurses of Ontario (2006). *Therapeutic Nurse-Client Relationship*.

Medical Council of New Zealand (2009). *Sexual boundaries in the doctor-patient relationship*.

Ministry of Health (2003). *Health Practitioners Competence Assurance Act*.

National Council of State Boards of Nursing. *A Nurses guide to Professional Boundaries* [brochure], Retrieved from <https://www.ncsbn.org/2551.htm>

New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the tertiary sector (2012) *Social media and the nursing profession: a guide to online professionalism for nurses and nursing students*.

Nursing Council of New Zealand (2007). *Competencies for registered nurses*.

Nursing Council of New Zealand (2006). *Competencies for the enrolled nurse scope of practice*.

Nursing Council of New Zealand (2008). *Competencies for the nurse practitioner scope of practice*.

Nursing Council of New Zealand (2011). *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice*.

Colleagues	Includes other nurses, students, other health care workers and others lawfully involved in the care of the health consumer.
Community	Refers to New Zealand society as a whole regardless of geographic location and any specific group the individual receiving nursing care defines as community including those identifying as culturally connected through ethnicity, shared history, religion, gender and age.
Cultural Safety	The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing care will have undertaken a process of reflection on their own cultural identity and will recognise the impact that their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.
Hapū	A kinship group, clan, sub tribe – section of a large kinship group.
Health Consumer	An individual who receives nursing care or services. This term represents patient, client, resident, or disability consumer.
Iwi	An extended kinship group, tribe, nation, people, nationality, race – often refers to a large group of people descended from a common ancestor.
Kawa Whakaruruhau	Cultural safety within the Māori context. Is an inherent component of Māori health and nursing especially in its contribution to the achievement of positive health outcomes.
Manaaki	To support, take care of, give hospitality to, protect, and look out for.
Power	The capacity to possess knowledge, to act and to influence events based on one's abilities, well being, education, authority, place or other personal attributes and privileges.
Principle	An accepted or professed rule of conduct to guide one's thinking and actions.
Professional Relationship	Professional relationships exist only for the purpose of meeting the needs of the health consumer. The professional relationship between a nurse and a health consumer is based on a recognition that the person (or their alternate decision-makers) are in the best position to make decisions about their own lives when they are active and informed participants in the decision-making process.
Responsibility	A charge or duty that arises from one's role or status in a profession or organisation.
Therapeutic Relationship	A relationship established and maintained with a person requiring or receiving care by the nurse through the use of professional knowledge, skills and attitudes in order to provide nursing care expected to contribute to the person's health outcomes. See also professional relationship.
Tikanga	Māori principles and values.
Tiriti O Waitangi	Is the founding document of Aotearoa New Zealand signed in 1840 by the Māori people and the British Crown.
Whakapapa	Ancestors
Whanāu	Extended family
Whanaungatanga	Establishing relationships, making connections.