

The nurse self disclosure nursing essay

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Nurse Self-Disclosure In nursing there are many boundaries that one must not cross. Self-disclosure is the easiest and most often crossed by nurses today.

There are different types of nurse self-disclosure: deliberate, unavoidable and accidental. Deliberate nurse self-disclosure can lead to confuse patients and may strain nurse patient relationship. Patients may feel burdened by the nurses disclosure and a may feel a role reversal. The nurse self-disclosure may lead to more of a friend ship than a nurse patient relationship.

Continuous boundary crossing is a problem and the nurse must self-reflect to see why the boundary has been crossed. Pregnancy, a disability, age and gender all fall under the unavoidable disclosure category. Accidental nurse self-disclosure may be a facial expression the nurse gives to the patient.

There are very few positive effects of nurse self-disclosure. The negative results far outweigh anything positive that can come of the disclosure and self-disclosure is discouraged. SELF-DISCLOSURE There are many ways that nurses can cross the important, nurse-patient boundary. Clinical roles " are maintained by boundaries intended to define and delineate behavior that is acceptable" (Audet, 2008). One of the most common and easily crossed is nurse self-disclosure. There are many types of nurse self-disclosure that have varying effects on the patient. There are also communication techniques that are better to use in interactions with patients. Nursing communication should always be patient centered. What is nursing self-disclosure, how does it affect the nurse patient relationship and what are the alternatives? In nursing there are boundaries. Some boundaries are easier than others to cross and self-disclosure is one of the easiest. " Boundary crossings are brief excursions across boundaries that may be inadvertent,

thoughtless, or even purposeful if done to meet a special therapeutic need" (Professional Boundaries, 2009). Nurse self-disclosure is sharing information about yourself, the nurse, to the patient. " Pilette, Berck, and Achber suggested that boundary violations may be difficult to detect and manage because they are often very subtle and driven by the nurse's needs" (as cited in Jones, Fitzpatrick, Drake, 2008). Example's would be a nurse speaking of her children or saying how she is not feeling well. Even so much as a facial expression is self-disclosure. As you will find out while reading this, there are many forms of nurse self-disclosure. Deliberate, unavoidable and accidental are the ones that will be discussed throughout this paper. The first type of nursing disclosure that will be addressed is deliberate self-disclosure. In deliberate self-disclosure the nurse intentionally tells the patient information about themselves. The nurse can tell personal experiences and their personal history or they can intentionally tell their feeling about the patient or the situation. A nurse having a photographs and other personal items in her office is also a type of deliberate self-disclosure. The nurse is choosing to share and show the items in her office. This disclosure gives the patient a glimpse of the nurse's life and likes. The patient did not ask to see these things; they were the nurse's decision. Also information that the nurse posts online are another form of deliberate self-disclosure. Whether it is postings on blogs or Facebook, this gives patients information about the nurse and her views on certain issues. These types of self-disclosure are self-revealing; they show a glimpse into the nurse's life. But the next type of nursing self-disclosure is one that is not meant to be disclosed. Unavoidable self-disclosure is another type of disclosure that a

nurse does not have much control over. Unavoidable disclosure is hard to hide, it shows. Nurses come in all different shapes and sizes. An overweight obese nurse and a trim fit nurse show a possible lifestyle choice. Pregnancy is also something that is disclosed at a certain point, whether the nurse wants to disclose it or not. A physical disability is also hard to hide whether it is a limp or a brace, as these are things that can be seen. Age and gender is very simple topic but they are things that cannot be hidden. Patients can tell when then nurse looks very young or is older. Also an addition to an outfit such as earrings or a necklace show a part of the nurse's style. A crucifix or Star of David shows the religion preference of the professional. Also a wedding ring or lack of ring show a patient if the nurse may be married. These forms of personal expression are outward expressions that are left to the patient to interpret. Another unavoidable self-disclosure is if a patient sees the nurse at an outside establishment such as a restaurant or the mall. This inadvertent disclosure sheds light on the nurse's personal life and choices. Some of these unavoidable self-disclosures would be very hard for the nurse to avoid if the nurse resides in a small community. There are also types of nurse self-disclosure that is mistakenly done. Accidental self-disclosure occurs when the nurse discloses something by mistake. It is not done on purpose but may still affect the nurse patient relationship. A nurse's facial expression or subtle response to a patient is a good example of accidental self-disclosure. It is sometimes hard for caregivers to give emotionless reactions when discussing certain topics. Emotions can be hard to control even for the most experienced clinician. A slip of the tongue by a clinician may also be classified as an accidental self-disclosure. As we will

read further there are negatives and positives to all self-disclosure. Nurse self-disclosure is often warned against. It often turns out bad when a nurse or clinician uses self-disclosure during an interaction. As Olsen (2007) stated, a " nurse must examine their own feelings and motives and how they affect their ability to practice ethically". A nurse's sharing her experience of smoking cessation to a patient who is trying to stop smoking is a positive use of self-disclosure. A practitioner notifying a random person that their clinic offers smoking secession classes is also a good use of self-disclosure. At times self-disclosure can make the nurse seem more real, more human. Positive uses of nurse self-disclosure occur when the nurse uses the disclosure therapeutically. But often it is hard to properly use situations to help a patient therapeutically. Always think about what you are going to use therapeutically and use good judgment at all times. There are also the instances where a clinician needs to provide an emergency contact number. A nurse talking about healthy lifestyle habits such as diet and exercise that has worked for them is a positive disclosure. Some people may think relaxed boundaries are may be appropriate when it comes to self-disclosure, if the content is kept therapeutic in nature. There are some studies where self-disclosure showed a higher satisfaction rate, but in the majority of instances it is cautioned against and the negatives outweigh the positives as we will see in the next paragraph. Nurse patient interaction should always be patient focused. The negatives of nurse self-disclosure outweigh the positives to the extent that most professionals believe that nurse self-disclosure has no place in the nurse patient relationship. Most agree that nurse self-disclosure is a violation. This is a good professional boundary to

abide by for the caregiver and the patient. This boundary prevents the movement from a professional relationship to becoming a friendship. If there is too much self-disclosure by the clinician the roles can feel reversed and the patient can feel like they must comfort them. It is easy to see how nurse self-disclosure can lead to patient confusion. If a nurse discloses too much information at some point the patient may develop an emotional involvement that will cause clinician patient lines to distort. Self-disclosure impedes on client care in such ways as " shifting the focus away from the client, inviting social dynamics conducive to a friendship, generating client feelings of needing to care for the therapist and, extreme cases, risking exploitation of the client and role reversal" (Audet, 2008). Nurse self-disclosure shows the patient and their family that the nurse is unable act in a professional way. Sometimes during uncomfortable silence the nurse will feel the need to say something, and discloses personal information about herself. It's possible that the information may negatively impact the patients views of the nurse. Just one word used in the wrong context can offend someone. When intentional self-disclosure occurs, like photographs in the office, one should just remember, that it affect everyone differently. What if the patient has had a hard time conceiving, or has lost a child, this may affect the patient communication. The same may go for the unavoidable self-disclosure such as pregnancy; this may stir up certain feelings in the patient. There is nothing that can be done about pregnancy in a nurse, but it is possible to affect the patient and nurse relationship. Crucifix or tattoos of crosses may also bring up an issue. Some people may find it inappropriate to display your religion for all to see. This could be a topic where there could be a

disconnect, and the different views may impede the therapeutic communication that should take place." Professional boundaries are meant to support the key elements of the NP/patient relationship: trust, compassion, mutual respect, and empathy" (Baca, 2011). Boundaries are put in place to protect the patient. When this boundary is crossed, one must look at themselves and search for a reason. What was the motivation to talk about oneself, instead of the conversation being patient centered? Inward contemplation for yourself is beneficial to the patient. The patient, in almost all circumstances, will not benefit from your disclosure. Time is precious and the patient is the only one that should be at the center of the conversation. " The nurse should examine any boundary crossing, be aware of potential implications, and avoid repeated crossings" (Professional Boundaries, 2009). When a nurse discloses personal information it shifts the conversation away from the client. One thing that most nurses encounter daily is a patient asking them a personal question. Whether it is curiosity or uncomfortable silence patients ask questions. Many nurses find it hard to redirect or reflect these questions, and end up answering them, especially if it is just casual conversation. Nurses need to practice situations like this so they know how to give a patient centered answer. It is the nurses duty and in the patients best interest to divert all conversation to the patient for a successful nurse patient relationship. Patients often ask these harmless questions not realizing that it is not in the best interest for them. Sometimes not answering the questions might make the nurse seem evasive and closed off. Nurses need to practice so their answers to the questions do not offend the patient that is making casual conversation.