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Professional Boundaries in Nurse-Patient Relationships: Perspectives of Undergraduate Nursing Students in Brunei Darussalam

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ABSTRACT

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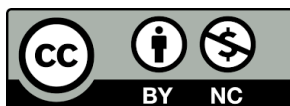
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Background: Professional boundaries in nurse-patient relationships are central to ethical practice, yet often difficult to define and maintain in day-to-day care. Undergraduate nursing students, who are still developing their professional identity, may be particularly vulnerable to boundary confusion. This study explored nursing students' perceptions of the challenges and opportunities involved in navigating nurse-patient relationship boundaries.

Methods: A descriptive qualitative study using conventional content analysis was conducted. Forty-two essays written by undergraduate nursing students enrolled in a nursing ethics course at a university in Brunei Darussalam were analysed. The essays responded to four structured questions about professional limits in care delivery, challenges and benefits of setting work boundaries, and the role of the Code of Ethics in boundary maintenance. Meaning units were identified, condensed, coded, and grouped into categories and themes. Credibility was enhanced through double coding of a subset of essays, peer debriefing with experienced qualitative researchers, and maintenance of an audit trail and reflexive notes.

Results: Three overarching themes were identified: (1) Having professional relationships, describing students' views of professionalism, trust, and power in the nurse-patient relationship; (2) Setting limits, highlighting students' uncertainty about where and how to draw boundaries in situations such as self-disclosure, gift-giving, and caring for relatives; and (3) Taking responsibility, capturing students' emphasis on self-reflection, seeking guidance, and clarifying expectations with patients.

Conclusion: The findings suggest that these nursing students conceptualise professional boundaries primarily through the lens of professionalism and personal responsibility, while dealing with ambiguity in clinical situations. Educational strategies that openly address boundary dilemmas, such as gifts, social media use, and emotional attachment, using case-based discussion, guided reflection, and clear institutional policies, may strengthen ethical sensitivity and support students in developing safe, compassionate, and professionally accountable nurse-patient relationships.

Keywords: Brunei; Disclosure; Ethics; Nursing; Professionalism; Trust

INTRODUCTION

Professional boundaries in nurse-patient relationships are designed to safeguard both patients and nurses and to support safe, ethical, and person-centred care. They describe the limits of the professional role and distinguish therapeutic relationships from social or personal ones (1). When boundaries are unclear or inconsistently applied, there is a risk of psychological, emotional, or even physical harm to patients, as well as moral distress and professional misconduct for nurses (2).

Professional boundaries have been described across several domains, including privacy, emotional involvement, time and intensity of interaction, sexual attitudes and behaviour, material giving, and ongoing relationships beyond the clinical encounter (3). More recently, nurses' use of social media has been identified as an additional area where the line between personal and professional can easily blur (4). For example, connecting with patients on social media or sharing personal information online may compromise objectivity and threaten the therapeutic nature of the relationship. At the same time, there are debates about whether some forms of online communication might enhance patient engagement and access to information. The contemporary focus on professional boundaries in nursing is also linked to increasing recognition of boundary violations, including sexual exploitation of patients (5).

Given the intrinsic power asymmetry in nurse-patient relationships, where nurses hold professional authority, clinical knowledge, and access to sensitive personal information, patients are particularly vulnerable to misconduct and abuse of power. These issues are further complicated by everyday situations such as self-disclosure, gift-giving, and caring for friends or family members, where cultural norms and professional expectations may conflict. Nursing students, who are still developing their professional identity and clinical competence, may be particularly vulnerable to boundary confusion. Despite their motivation to care for others, they may lack experience in establishing and maintaining therapeutic relationships and be hesitant about how to respond to boundary-testing situations (6,7). This suggests that nursing curricula should not only teach abstract ethical principles but also explicitly address professional boundaries, using

concrete examples from clinical practice (8). Students' own perceptions and experiences are a valuable resource for designing such educational strategies, as they can highlight areas of uncertainty, moral tension, and perceived risk.

Although there is growing literature on professional boundaries among practising nurses, less is known about how undergraduate nursing students conceptualise and reflect on these boundaries during their formative clinical experiences, particularly in non-Western and small-community contexts such as Brunei Darussalam. Professional ethics and nurse-patient relationships are formally introduced in the Bachelor of Nursing programme through a compulsory second-year nursing ethics course. The course covers ethical principles, the nursing Code of Ethics, professional conduct, and common boundary-related challenges using lectures, case discussions, and reflective assignments. Understanding how students think about professional limits, the challenges they encounter, and the strategies they propose may inform targeted teaching, supervision, and policy development in nursing education. Therefore, the objective of this study was to explore undergraduate nursing students' perceptions of professional boundaries in nurse-patient relationships, including perceived challenges, benefits, and the role of the Code of Ethics, in order to inform ethics education and clinical supervision in Brunei Darussalam.

METHODS

Study Design

A descriptive qualitative design using conventional content analysis was employed to explore undergraduate nursing students' perceptions of professional boundaries in nurse-patient relationships. Conventional content analysis is a systematic method for interpreting textual data through identifying patterns, categories, and themes directly from the data without imposing preconceived theoretical frameworks. This approach was appropriate because limited prior research exists on nursing students' perceptions of professional boundaries in this context (9). In addition, this approach was chosen to remain close to students' own language while allowing categories and themes to emerge inductively from the data.

Research Instrument

The study was conducted in a Bachelor of Nursing programme at a university in Brunei Darussalam. The data source consisted of reflective essays written by second-year undergraduate nursing students enrolled in a compulsory nursing ethics course. A total of 60 essays were submitted for the course assignment. Eighteen essays were excluded because the students were enrolled in a double major or midwifery programme or because the essays did not sufficiently address nurse–patient professional boundaries. The remaining 42 essays formed the final dataset for analysis.

Reflective essays were selected as the research instrument because they allow students to articulate their ethical reasoning, perceptions, and uncertainties regarding professional boundaries in their own words, offering richer insight than structured survey methods. Second-year undergraduate nursing students were considered an appropriate population for this study because they are at a formative stage of professional identity development. At this stage, students have acquired foundational ethical knowledge and have begun clinical placements, enabling them to reflect on both theoretical learning and early practical experiences of nurse–patient relationships. No additional demographic data were collected in order to preserve student anonymity within the context of an assessed course.

Data Collection

Data were collected through a written essay assignment completed as part of the compulsory nursing ethics course. The assignment was designed to prompt structured reflection on professional boundaries in nurse–patient relationships and comprised four guiding questions:

- What are your insights on professional limits in care delivery?
- What issues arise when establishing work boundaries?
- What are the positive aspects of setting boundaries?
- How should the Code of Ethics be used within professional boundaries?

Students were asked to respond in essay form, drawing on their clinical experiences, course content, and personal reflections.

Essays were submitted electronically as part of routine coursework. Students were informed verbally and in writing that their anonymised essays might be used for research purposes and that participation was voluntary. They were assured that consenting or declining to participate would not affect their grades or course progression. Only essays from students who provided consent were included in the study.

Data Analysis

Data were analysed using conventional content analysis, following the approach described by Graneheim and Lundman (9). This method allows patterns, categories, and themes to emerge directly from the text, ensuring that analysis remains close to students' own words. The analysis proceeded in several steps. First, the primary researcher read all 42 essays multiple times to gain an overall understanding of the content. Next, meaning units related to professional boundaries and nurse–patient relationships were identified and condensed, preserving their core meaning. These condensed meaning units were then labelled with codes, capturing the essence of each unit.

Codes with conceptual similarity were grouped into subcategories and then broader categories. For example, codes relating to professionalism, trust, and power were grouped under the category "Professional relationships," which contributed to the overarching theme "Having professional relationships." Finally, the categories were abstracted into three overarching themes that reflected the main patterns in students' perceptions: Having professional relationships, Setting limits, and Taking responsibility. All essays were analysed to ensure that less common but important perspectives were included and to refine the thematic structure. Data management and coding were conducted using Microsoft Excel, and the process was documented to maintain transparency and rigour.

Trustworthiness and Rigour

Several strategies were employed to enhance the trustworthiness of the findings. Credibility and dependability were strengthened by having two senior qualitative researchers, each with over ten years of experience, independently code a subset of the essays. Their coding was then compared with that of

the primary researcher, and any differences were discussed until consensus was reached. This process contributed to the refinement of the coding framework and the development of overarching themes.

An audit trail was maintained throughout the analysis, documenting coding decisions, theme revisions, and methodological reflections to ensure transparency. The primary researcher also kept reflexive notes to examine how her dual role as a nursing educator and researcher might influence data interpretation. As a registered nurse and nursing educator with experience teaching ethics and supervising undergraduate students, she brought relevant expertise to the analysis while remaining aware of potential assumptions.

To enhance transferability, a detailed description of the educational context, assignment structure, and analytic process is provided. Member checking was not undertaken due to the use of anonymised coursework and the time elapsed since assignment completion. This is acknowledged as a limitation.

Ethical approval was obtained from the Faculty Research Ethics Committee (Reference: UBD/OAVCR/UREC/January 2021-04). Students were informed verbally that their essays might be used for research purposes and that participation was voluntary. All essays were anonymised prior to analysis, with all potentially identifying information removed, and only the research team had access to the data.

RESULTS

Analysis of the 42 essays generated three overarching themes that described how students understood and reflected on professional boundaries in nurse-patient relationships: (1) Having professional relationships, (2) Setting limits, and (3) Taking responsibility.

Theme 1: Having Professional Relationships

This theme captures students' views of professional relationships as the foundation for safe boundaries. Professionalism was associated with ethical conduct, appropriate communication, and an awareness of power and vulnerability in the nurse-patient relationship. Students emphasised that

professional relationships required nurses to provide care based on knowledge and competence, to act impartially, and to avoid favouritism, prejudice, or discrimination. They linked this directly to maintaining trust:

“Professional interactions must avoid bias, favouritism, discrimination, and prejudice. Nurses may be reluctant to treat HIV-positive patients. Criteria or boundaries assist in defining the nurse-patient interaction. Establishing activity and interaction limits helps nurses execute their duties.”

(Student 5)

As illustrated in the quotation above, students understood professional boundaries as a tool to ensure fairness and impartiality in nurse-patient interactions. By linking ethical conduct to clear limits on interactions, students viewed boundaries as essential for maintaining trust and preventing bias or discrimination, which aligns with the overarching theme of Having Professional Relationships.

Several students also overtly recognised the structural power nurses hold over patients through access to information, specialised skills, and institutional authority. This power was seen as both necessary and potentially risky:

“Nurses have power, authority, knowledge, skills, and access to personal patient information, which puts patients at risk. There is also the risk of misconduct, power abuse, and boundary violations.”

(Student 1)

This statement highlights students' awareness of the power asymmetry inherent in nurse-patient relationships. As indicated here, students recognised that professional boundaries help mitigate risks associated with power imbalances, reinforcing the ethical responsibility of nurses to protect patient vulnerability.

The students perceived boundaries as creating a “safe space” in which nurses could acknowledge and respond to patients' vulnerabilities without taking advantage of them. They associated this with promoting patient autonomy and protecting dignity and privacy:

“The bounds of a professional relationship create a safe space for nurses and patients to work together and recognise patients’

vulnerability. We prioritise patient needs to prevent taking advantage of them. It encourages patient autonomy and independence.'

(Student 6)

Students also described professional relationships as facilitating mutual respect and cooperation in care. Respecting patients' cultural and religious backgrounds was perceived as essential for maintaining trust and supporting treatment adherence:

"Trust fosters reciprocal respect. Nurses must respect patients' cultures and religions to avoid favouritism and gain respect. Giving bed baths or asking personal questions helps nurses build a professional relationship with the patient. It also helps patients collaborate and follow treatment regimens, ask questions, and accept care."

(Student 7)

Theme 2: Setting Limits

The second theme reflects students' recognition that boundaries require setting limits, as well as their uncertainty and discomfort about where and how to draw these limits in practice. Many students expressed confusion about what constituted "too close" or "too distant" in nurse-patient interactions. They were particularly uncertain about self-disclosure, noting that sharing personal experiences might build rapport but could also blur boundaries:

"Establishing boundaries is challenging since it limits the relationship. Work boundaries are unclear to nurses. Some nurses treat patients like friends, which is wrong. Patient comfort, trust, and needs are met by self-disclosure. Moreover, older patients prefer nurse-led conversations."

(Student 13)

This quotation demonstrates the tension students experience between maintaining professionalism and building rapport. It reflects the theme Setting Limits, showing that students struggle to balance self-disclosure and emotional involvement without compromising ethical boundaries.

Some students worried that strict professionalism might be interpreted as coldness or lack of empathy:

"Professionalism can make nurses seem stiff. As they become less involved with patients, they may try to distance themselves, giving the impression that they are less empathetic."

(Student 15)

Gift-giving appeared as a particularly intricate issue, especially in the context of a small community where gifts may be culturally meaningful. Students struggled to reconcile cultural expectations of politeness and gratitude with concerns about bias and unequal care:

"Sometimes, professional ties are tricky to maintain. Our small community may make us overlook gift-giving, which is culturally meaningful and universally accepted. Rejecting a patient's gift is rude. Do we honour the professional relationship by accepting the gift? Are the presents likely to produce unequal care, bias, and moral responsibilities for nurses?"

(Student 14)

Here, the student's reflection illustrates the complexity of navigating culturally embedded practices within professional boundaries. Accepting gifts may foster rapport but also risks bias, highlighting the need for clear guidance and reflective decision-making in boundary-setting.

Students also noted that maintaining boundaries could be especially difficult when caring for relatives, close friends, or acquaintances. They were concerned that efforts to be professional could be misunderstood as not caring:

"Caring for a family member, close friend, or anyone else can make it hard to maintain ties. Personal life conflicts with professional ties are more likely. They may misinterpret our professionalism and conclude that we do not care about them despite setting boundaries."

(Student 3)

Theme 3: Taking Responsibility

The third theme highlights students' belief that nurses have a personal and professional responsibility to establish and maintain boundaries. Students emphasised self-reflection, explicit communication with patients, and seeking guidance from colleagues and supervisors. Many students described reflection as essential for recognising when emotional involvement might become

excessive and risk fostering patient dependence:

“Reflecting on how our nurse-patient connection affects the patient is crucial when caring. Knowing what is appropriate involves judgment and interpretation for a good patient relationship. This also involves setting boundaries harmoniously. When nurses overly bond with patients, they risk making them dependent.”

(Student 11)

As shown in this statement, students emphasised self-reflection as a key strategy for maintaining professional boundaries. This aligns with the theme Taking Responsibility, highlighting the importance of ethical judgment to prevent over-involvement and promote patient autonomy.

Students suggested that boundaries should be discussed with patients when needed, particularly in relation to requests that extend beyond the nurse’s professional role:

“Patients should be informed about care boundaries. For instance, nurses must teach patients who routinely order food from the hospital food court to use family members instead.”

(Student 4)

Given the perceived ambiguity of such boundary situations, students saw consultation with peers and supervisors as an important safeguard:

“Nurses must consult trustworthy colleagues to set boundaries and act honestly. They must maintain professional contacts.”

(Student 10)

At the same time, students stressed that professional boundaries should not undermine the caring nature of nursing. They were concerned that maintaining distance could lead to relationships that felt “frosty” or impersonal:

“We must think carefully and act wisely to keep boundaries. Our professional boundaries should not lead to a frosty connection with patients.”

(Student 2)

Overall, the essays illustrate students’ mindfulness of the need for professional boundaries and of their own responsibility in

maintaining them, while also experiencing uncertainty and moral tension in applying boundaries in clinical situations.

DISCUSSION

This study examined how undergraduate nursing students in Brunei Darussalam understand and reflect on professional boundaries in nurse-patient relationships. It also used purposive sampling of second-year undergraduate nursing students who had both theoretical exposure to ethics and early clinical experience, enabling reflection on boundary issues from multiple perspectives. Three themes were identified: having professional relationships, setting limits, and taking responsibility. These themes suggest that students conceptualise boundaries fundamentally through the lens of professionalism and individual responsibility, while dealing with ambiguity and tension in real or imagined clinical situations.

In the first theme, students framed professional boundaries as inseparable from “being professional.” They emphasised objectivity, fairness, respect for privacy, and avoidance of prejudice, echoing core elements of nursing codes of ethics (10,11). They also recognised the asymmetry of power in nurse-patient relationships, acknowledging that nurses’ access to knowledge, institutional authority, and intimate patient information can place patients at risk of boundary violations (3,5). This awareness of power and vulnerability is an important foundation for ethical practice and aligns with literature highlighting the protective function of professional boundaries (2,12). However, the students’ descriptions were often closely aligned with formal ethical discourse, making it difficult to extricate internalised understanding from the reproduction of course content.

The second theme, setting limits, underscored areas where students experienced uncertainty and moral tension. They were hesitant about how to balance closeness and distance, particularly in relation to self-disclosure, emotional involvement, gift-giving, and caring for relatives. Prior studies have similarly reported that nurses struggle to identify the “right” level of personal engagement, worrying about being either too detached or overly involved (13,14,18). In this study, students feared that patients could interpret strict professionalism as a lack of empathy.

However, they were also concerned that too much familiarity might erode objectivity or lead to dependence. Gift-giving was a particularly salient dilemma in the context of a small community where gifts carry cultural meanings of gratitude and respect. Students questioned whether accepting gifts might introduce bias or obligations, but also viewed refusal as potentially rude or hurtful. Similar tensions have been described in other cultural settings, where the absence of clear institutional guidelines can leave nurses to navigate such situations alone, increasing moral uncertainty and inconsistency in practice (15). The students' reflections highlight the need for open discussion of culturally situated boundary dilemmas, supported by clear organisational policies.

The third theme, taking responsibility, showed that students generally understood boundary maintenance as an individual duty. They emphasised self-reflection, ethical judgment, and consulting colleagues and supervisors when in doubt. Self-reflection is widely recognised as a key strategy for developing ethical sensitivity and improving the quality of nursing care (16,17). The majority of the students expressed awareness that excessive emotional attachment might foster patient dependence and compromise the goal of promoting autonomy. At the same time, their accounts indicated that they often experienced boundary decisions as personal moral assessments, with limited reference to structural factors such as workload, continuity of care, team culture, or institutional policies. This strong emphasis on individual responsibility, without a consistently robust focus on organisational and systemic influences, reflects a broader tendency in nursing ethics education to locate ethical practice primarily within personal virtues and conduct (8,19). While personal integrity is essential, boundary issues are also shaped by institutional expectations, documentation practices, team norms, and legal and regulatory frameworks. For example, clear policies on social media use, caring for relatives, and accepting gifts can provide scaffolding that supports students' and nurses' boundary decisions (4,20). Integrating these structural dimensions more explicitly into ethics education could help students move from seeing boundaries solely as a matter of "being professional" to understanding them as negotiated within a specific organisational and cultural context.

From an educational perspective, the findings suggest several implications. First, boundary issues that students identified as particularly challenging, such as self-disclosure, gift-giving, social media connections, and caring for family members, should be incorporated into case-based learning and simulation. Realistic scenarios can help students practise reasoning through competing values, such as compassion versus impartiality, or cultural expectations versus professional standards. Second, structured reflective activities such as journals, debriefings, and facilitated group reflection can help students make sense of their emotional responses to patients and recognise early signs of over-involvement or avoidance (16-18). Third, closer collaboration between academic staff and clinical mentors is needed to ensure that messages about professional boundaries are consistent and that students feel supported in raising concerns about boundary-testing situations.

LIMITATIONS

Several limitations should be considered when interpreting these findings. First, the data were derived from course essays written for assessment within a nursing ethics module. Students may have been inclined to present views that align with perceived expectations, leading to social desirability and reporting biases. Second, the use of structured questions constrained the scope of responses and may have shaped the themes that emerged. Third, the study was conducted with second-year students in a single programme in Brunei Darussalam, whereby their perceptions are influenced by the local cultural, educational, and regulatory context and may not be transferable to other settings. Finally, the study relied on written reflections only and did not include observational or interview data that might capture how students and nurses navigate boundary challenges in practice.

Future research could build on these findings by using interviews, focus groups, or longitudinal designs to explore how students' understanding and management of boundaries evolve over time and across different clinical placements. Studies that explicitly examine the role of institutional policies, team culture, and interprofessional dynamics in shaping boundary practices would also be valuable.

CONCLUSION

This study explored how undergraduate nursing students in Brunei Darussalam conceptualise and reflect on professional boundaries in nurse–patient relationships. Students recognised boundaries as essential for protecting patient safety, preserving dignity, and preventing misuse of professional power. They also acknowledged their own responsibility for maintaining boundaries through professionalism, self-reflection, and seeking guidance. At the same time, students described significant uncertainty and moral tension in applying boundaries to complex situations, such as self-disclosure, gift-giving, social media use, and caring for relatives. They are concerned that rigid adherence to boundaries might be perceived as a lack of caring, yet fear that over-involvement could lead to dependence or boundary violations. These findings underscore the need for nursing education to address professional boundaries not only as abstract ethical principles but also as situated and context-dependent practices. Educational strategies that combine clear institutional guidelines with case-based discussion, guided reflection, and supportive clinical supervision may help students develop the ethical sensitivity and practical judgment required to navigate boundaries in ways that are both safe and genuinely caring.

CONFLICTS OF INTEREST

The author declared no conflict of interest.

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AUTHOR CONTRIBUTIONS

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

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