

Practice Guideline

Therapeutic Nurse-Client Relationship

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS), or the College, is the regulatory body for Licensed Practical Nurses (LPNs) in Nova Scotia. The College's mandate is to protect the public by promoting the provision of safe, competent, ethical, and compassionate nursing care. The College sets, monitors and enforces standards for entry into the profession, practical nurse education, registration and professional conduct. The College creates Standards of Practice, establishes a Code of Ethics, develops and implements a Continuing Competence Program, and publishes policies and interpretive documents to support the practice of licensed practical nurses in Nova Scotia.

Using this document

Guidelines are documents that outline the practical nurses accountability in specific practice contexts. They reflect relevant legislation and are designed to help licensed practical nurses understand their responsibilities and legal obligations so they make safe and ethical nursing decisions. These guidelines apply to all nurses, regardless of their role or practice area.

This document was developed to help LPNs understand the therapeutic nurse-client relationship. The term *client* will be used throughout this document and is to mean individual (including substitute decision maker), family (significant others are determined by the client), group or community. This document is designed to be used with CLPNNS Standards of Practice, Code of Ethics and all applicable practice guidelines found on the College website at www.clpnns.ca.



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This document replaces CLPNNS Position Statement the Therapeutic Nurse-Client Relationship (2007)

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Nurse-Client Relationship

At the core of nursing is the therapeutic nurse-client relationship. The therapeutic nurse-client relationship is a unique relationship between the nurse and client (Parpottas, 2012) and is based on the interpersonal processes that occur between the nurse and the client (Foster & Hawkins, 2008). The licensed practical nurse establishes and maintains this key relationship using nursing knowledge and skills while applying caring attitudes and behaviours. The therapeutic relationship begins on contact with the client and initiates the LPNs duty to provide care (CRNNS, 2007).

The nurse-client relationship is the foundation of nursing practice across all populations, cultures, and practice settings. The goal of the therapeutic relationship is advancing the best interests of the client (Foster and Hawkins, 2004). The relationship is client-focused and contributes to the client's health and wellbeing and positive outcomes (Parpottas, 2012). Every nurse-client relationship, regardless of the circumstances, is based on trust, respect and professional intimacy, and requires the appropriate use of authority or power.

Developing therapeutic nurse-client relationships and setting appropriate boundaries within the context of their Standards of Practice and Code of Ethics, are entry-level competencies of licensed practical nurses in Nova Scotia.

Power

Within the nurse-client relationship, the client is often vulnerable because the licensed practical nurse has more power than the client. Although the LPN may not immediately perceive it, they have more power than the client because they have more authority and influence in the health care system, specialized knowledge, access to privileged information (Aylott, 2011), and the ability to advocate for clients and others. The appropriate use of power, in a caring manner, enables the nurse to partner with the client to meet the client's needs. A misuse of power is considered abuse (see Appendix).

Boundaries

The nurse-client relationship is conducted within boundaries that separate professional and therapeutic behaviour from non-professional and non-therapeutic behaviour. A boundary is the point at which the relationship *changes* from professional and therapeutic to unprofessional and personal. When an LPN misuses power to meet their own needs or behaves in an unprofessional manner, a boundary may be crossed. It is important that LPNs understand that the intended purpose of behaviour has no relevance to whether or not it violates a boundary and boundary violations can harm both the nurse-client relationship and the client.

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Some boundaries are clear cut. Others are not so clear and require the nurse to use professional judgment. This is true particularly in small communities where nurses may have both a personal and a professional role.

Principles and Recommendations for Licensed Practical Nurses

Licensed Practice Nurses

- Critically think and rely on professional judgement to determine the appropriate boundaries of a therapeutic relationship with *each* client. The nurse – not the client – is always responsible for establishing and maintaining boundaries.
- Initiate, maintain, and end therapeutic relationships with clients (including family and friends) in a way that ensures the client's needs are first.
- Communicate with, and about clients in a professional manner that respects their inherent worth and values and recognizes the impact of their health care experience.
- Assist others to maintain professional boundaries and report evidence of boundary violations to the appropriate person and/or agency.
- Develop and implement strategies to minimize the possibility of boundary violations when they are in a *dual role*. A dual role is a situation where LPNs are required to provide professional care for clients who are family or friend.
- Develop and implement strategies to minimize the possibility of boundary violations when they are in social situations with current or former clients.
- Develop and implement strategies to avoid entering into personal friendships (real-time or on-line) with current clients.
- Develop and implement strategies to avoid entering into sexual/romantic relationships with current or former clients.
- Develop and implement strategies to minimize the possibility of a boundary violations with respect to receiving gifts from clients, recognizing where it has therapeutic intent, an LPN may give or receive a token gift.
- Use self-disclosure only if it will help meet the therapeutic needs of the client.
- Use touch with a supportive and therapeutic intent and with the implicit or explicit consent of the client.
- Refrain from any activity that may result in inappropriate financial (e.g. power of attorney) or personal benefit to themselves *or* loss to the client.

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Applying the Principles and Recommendations to Practice

These principles and recommendations are to be applied by every licensed practical nurse, in every practice context in conjunction with the Standards of Practice, Code of Ethics, other applicable College documents and policies and employer policies.

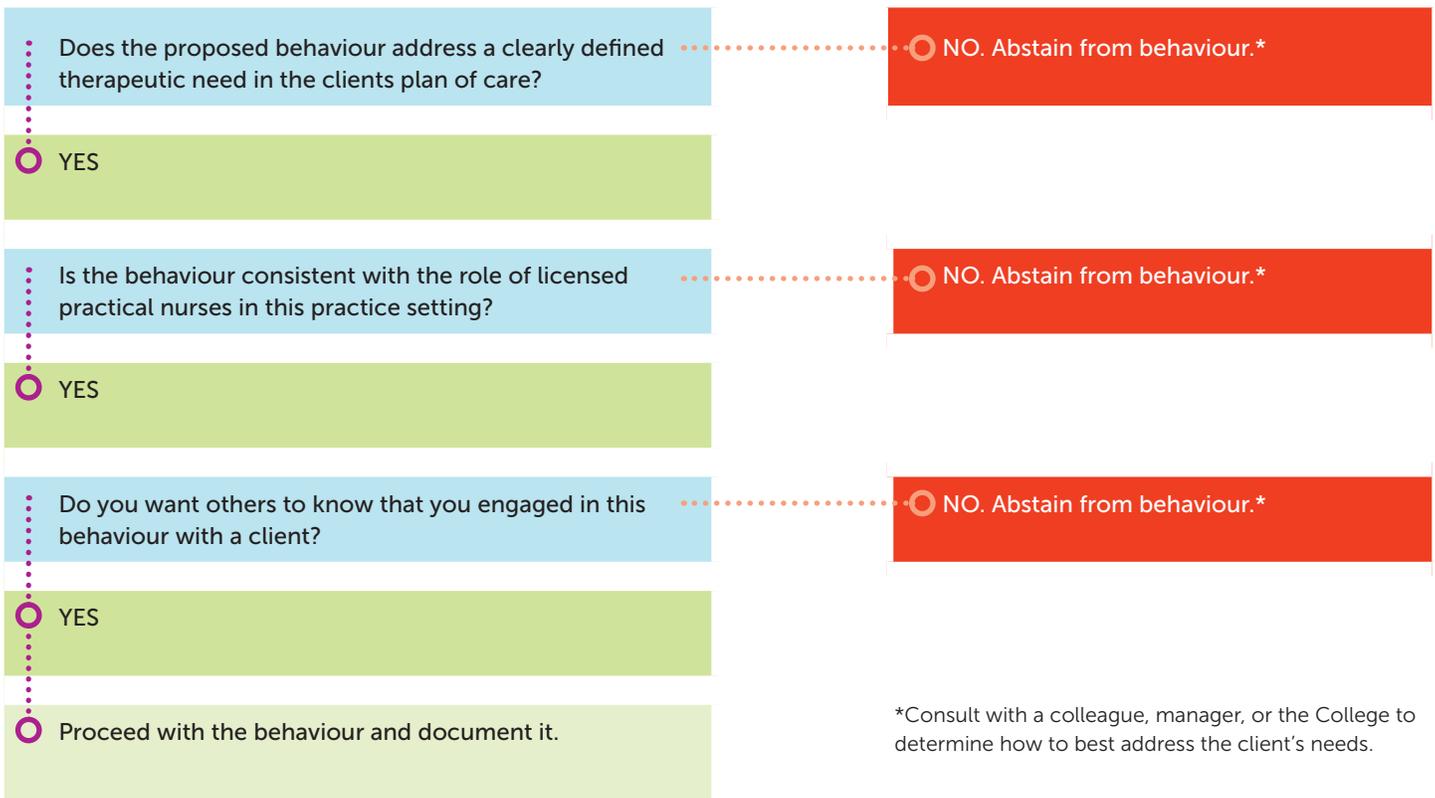
- Be transparent, therapeutic, and ethical with all current and former clients. When the issues are complex and boundaries are not clear, discuss concerns with a knowledgeable and trusted colleague, manager or a College Practice Consultant.
- Disclose personal information only with a therapeutic intent as a means to build trust and establish a rapport with a client. Do not disclose intimate details or give long descriptions of personal experience and remain focused on the client's needs.
- Refrain from accepting clients as personal contacts on social media sites. Do not discuss clients (even anonymously or indirectly) or share client pictures on social media sites or in any public forum. Licensed practical nurses may not take personal photos of clients, even with their permission.
- Recognize the potential impact of being in a dual role. Where possible LPNs transfer the overall responsibility for client care to another health care provider and/or ensure clients understand when they are acting in a professional capacity and when they are acting in a personal capacity.
- Be cautious in forming a personal relationship with a former client. Consider the amount of time that has passed since the professional relationship ended; how mature and vulnerable the former client is; whether the former client has any impaired decision-making ability; the nature, intensity, and duration of the nursing care that was provided; and whether the client is likely to require nursing care again. Know the difference between being friendly and being friends.
- Determine whether client contact such as touching or hugging is appropriate, supportive and/or welcomed by the client.
- Reflect on the entire context before accepting a token gift from a client. Consider why the client has offered the gift and the value and appropriateness of the gift. Discuss ways the gift could be redirected. Be aware of employers' policy specific to accepting gifts.

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Decision Tree

Use this tool to work through a personal situation to determine whether a particular activity or behaviour is appropriate within the context of the nurse-client relationship. The decision tree should be used while considering the entire context of the nurse-client relationship and the principles contained within this document. The tool may also be useful for self-reflection and peer input as part of the self-assessment process, and for guiding client care discussions in the practice setting.



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Warning Signs of Boundary Crossing

There are a number of warning signs that indicate that an LPN may be crossing the boundaries of the nurse-client relationship. Licensed practical nurses are expected seek assistance and/or take action if one or more of the following warning signs are present in themselves or a colleague:

- The nurse's behaviour is not consistent with CLPNNS Standards of Practice or Code of Ethics.
- There is conflict between the nurse's needs and the client's needs, and the nurse is not demonstrating that the client's needs are the priority.
- Aspects of the nurse's relationship with the client are hidden from others.
- The nurse does not want other nurses to have the same relationship with the client.
- The nurse is using the client to meet the nurse's personal needs for status, social support, or financial gain.
- The nurse is preoccupied with the client.
- The nurse is giving preferential care or time to the client.
- The nurse is unclear about when the relationship with a client is professional and when it is personal.
- The nurse has entered into a personal relationship with a client before taking all the appropriate steps to end the professional relationship.

Conclusion

The therapeutic nurse-client relationship is complex and maintaining professional boundaries can be challenging. Licensed practical nurses are expected to continually reflect on their behaviour to ensure their practice is consistent with CLPNNS Standards of Practice, Code of Ethics (CLPNNS, 2013) and within the boundaries that define the nurse-client relationship (Doel, M et al. 2010).

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Appendix: Abusive Behaviours

Abuse is the misuse of power, betrayal of a client's trust, or violating the respect or professional intimacy inherent in the nurse-client relationship. Abuse may be verbal, emotional, physical, sexual, financial, or take the form of neglect. The intent of the nurse does not justify a misuse of power within the nurse-client relationship.

Verbal and emotional includes, but is not limited to:

- sarcasm
- retaliation or revenge
- intimidation, including threatening gestures/actions
- teasing or taunting
- insensitivity to the client's preferences
- swearing
- cultural/racial slurs
- inappropriate tone of voice, such as one expressing impatience or facial expressions

Physical includes, but is not limited to:

- hitting
- pushing
- slapping
- shaking
- using force
- handling a client in a rough manner

Neglect includes, but is not limited to:

- non-therapeutic confining or isolation
- denying care
- non-therapeutic denying of privileges
- ignoring
- withholding
 - clothing
 - food
 - fluid
 - needed aids or equipment
 - medication
 - communication

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Sexual includes, but is not limited to, consensual and non-consensual:

- sexually demeaning, seductive, suggestive, exploitative, derogatory or humiliating behaviour, comments or language toward a client
- touching of a sexual nature or touching that may be perceived by the client or others to be sexual
- sexual intercourse or other forms of sexual contact with a client
- sexual relationships with a client's significant other
- non-physical sexual activity such as viewing pornographic websites with a client

Financial includes, but is not limited to:

- borrowing money or property from a client
- soliciting gifts from a client
- withholding finances through trickery or theft
- using influence, pressure or coercion to obtain the client's money or property
- having financial trusteeship, power of attorney or guardianship
- abusing a client's bank accounts and credit cards
- assisting with the financial affairs of a client without the health care team's knowledge

References

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