

College of Licensed Practical Nurses of Nova Scotia
College of Registered Nurses of Nova Scotia

Professional Boundaries and the Nurse-Client Relationship

Guidelines for Nurses



The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the College of Registered Nurses of Nova Scotia (CRNNS) are the regulatory bodies for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Each College's mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by its members.

Introduction

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and the College of Registered Nurses of Nova Scotia (CRNNS) are the regulatory bodies for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. The Colleges' mandate is to protect the public by promoting the provision of safe, competent, compassionate and ethical nursing services by its members.

Purpose of this Document

This document is a resource for nurses¹ in all practice settings to assist their understanding of:

- the therapeutic nurse-client relationship;
- personal non-professional relationships;
- professional boundaries;
- boundary crossings and boundary violations

This document also includes strategies to maintain the therapeutic nurse-client relationship and professional boundaries

Like all regulatory documents, use this document in conjunction with the Standards of Practice and Code of Ethics for LPNs, NPs and RNs.

The Therapeutic Nurse-Client Relationship

At the core of nursing is the therapeutic nurse-client relationship. Therapeutic nurse-client relationships are purposeful, goal directed relationships between a nurse and a client based on trust and respect and ultimately, protect the client's best interests. This dynamic, goal-orientated and client-centered relationship is designed to meet the needs of the client. Regardless of the context or the length of interaction, the therapeutic nurse-client relationship protects the client's dignity, autonomy and privacy and allows for the development of trust and respect.

Therapeutic nurse-client relationships have five common characteristics:

1. **Trust:** Nurses are trusted to act in the best interests of their clients to provide them with safe, competent, compassionate and ethical care.
2. **Respect:** Nurses recognize and value the intrinsic worth of each person and treat them with respect.
3. **Professional Intimacy:** Nursing practice, by its very nature can create an atmosphere of physical, emotional and psychological intimacy, which can increase the vulnerability of clients. In the therapeutic nurse-client relationship professional intimacy is therapeutic, time-limited and client-focused.
4. **Fiduciary Duty:** Nurses are required to put aside their own needs, act in the best interest of their clients and avoid conflicts of interests. Nurses must be aware of their own behaviour, values and emotional needs and how their needs are separate from those of their clients.
5. **Power:** The therapeutic nurse-client relationship is one of unequal power. This results from clients' dependence on the services provided by nurses and the nurse's unique knowledge, authority within the healthcare system, access to privileged information about clients and ability to influence decisions. This power imbalance places clients in a position of vulnerability. Nurses are responsible to recognize the imbalance of power and to be aware of the potential for clients to feel intimidated or dependent. A misuse of power is considered abuse.

¹ Nurses in the document refers to LPNs, NPs, and RNs unless otherwise stated.

Personal Relationships

Unlike the therapeutic nurse-client relationship, where the focus is meeting the needs of the client, a personal relationship focuses on the interest or pleasure of all individuals involved. Personal relationships can be online or in-person, casual and friendly or serious and significant. They may become romantic or physically intimate and may not always end in a positive manner. Individuals involved in personal relationships set the parameters of the relationship and are equally responsible for maintaining the personal relationship.

Therapeutic Nurse-Client Relationships vs Personal Relationships

The table below highlights the differences between a therapeutic nurse-client relationship and a personal relationship.

CHARACTERISTICS	THERAPEUTIC NURSE-CLIENT RELATIONSHIP	PERSONAL RELATIONSHIP
Behaviour	Regulated by a code of ethics and professional standards	Guided by personal values and beliefs
Remuneration	Nurses paid to provide care	No payment involved
Location of relationship	Defined and limited to where nursing care is provided	Unlimited and undefined
Purpose of relationship	Goal-directed: providing care to clients	Spontaneous, unstructured, pleasure- and interest-directed
Power balance	Unequal: nurse has authority, knowledge, influence, and access to privileged information about clients	Relatively equal
Responsibility for relationship	Nurse to establish and maintain	Equal (to establish and maintain)
Preparation for relationship	Nurse requires formal knowledge, preparation, and orientation	No formal knowledge preparation or orientation required
Amount of time spent in contact	Limited by clients need of nursing care and an employment agreement for the number of hours worked	Personal choice for the amount of time spent in contact

Nurses in a Dual Role

A dual role is a situation where a nurse is required to provide professional care to a client who is also a family member or friend. This likely to happen in small communities. The best course of action in this situation is to make every effort to transfer the care of the family member or friend to another appropriate care provider. If this is not possible, the nurse should set very clear boundaries with the client to make sure they understand that even though a family member or friend is providing care, they are doing so in the role of a professional nurse.

When nurses are caring for a family member or friend, they must refrain from using their power as a nurse to gain access to more information than is required to provide safe care.

Professional Boundaries

Professional boundaries are the defining lines which separate the therapeutic behaviour of nurses from behaviours which, well intentioned or not, can reduce the benefit of care or harm clients. The therapeutic nurse-client relationship is conducted within boundaries separating therapeutic behaviour from personal behaviour. When a nurse departs from the limits of a therapeutic nurse-client relationship (intentionally or otherwise) it can result in a boundary crossing or a boundary violation.

Professional boundaries are the spaces between the nurse's power and the client's vulnerability (NCSBN, 2018).

BOUNDARY CROSSINGS

Boundary crossings are brief excursions across professional lines of behavior made while attempting to meet a special therapeutic need of a client. They may be inadvertent, thoughtless or purposeful; however, even when the action or behaviour appears appropriate, it is not acceptable if it benefits the nurse at the expense of the client.

While boundary crossings may seem to be insignificant in a single instance, there is the potential for them to become boundary violations if the frequency or severity of crossings increases.

Some examples of actions or behaviours having the *potential* to cross the boundaries of a therapeutic nurse-client relationship include:

- establishing a personal relationship with a former client;
- use of social networking with current or former clients;
- self-disclosure to clients;
- accepting gifts from clients;
- giving gifts to clients;
- providing care beyond one's 'job'; and,
- providing care to family and friends.

BOUNDARY VIOLATIONS

Boundary violations are an act of abuse in the nurse-client relationship. Boundary violations can result when there is confusion between the needs of the nurse and those of the client. Boundary violations occur when a nurse's actions exploit the professional relationship to meet their own personal need, at the expense of the client. Boundary violations are serious and often result in licensing sanctions.

Characteristics of boundary violations may include excessive personal disclosure by the nurse, secrecy and a reversal of roles where the client becomes the caregiver of the nurse. Boundary violations are never acceptable.

Examples of boundary violations:

- engaging in a romantic or sexual relationship with a current or former client;
- excessive self-disclosure to the point where a client is upset about the nurse's personal situation;
- borrowing or attempting to borrow money from a client;
- accepting a gift of money of significant value from a client;
- giving a gift to a client and expecting a favour in return;
- influencing a client to write or change their will or power of attorney so the nurse will benefit;
- becoming emotionally involved in a client's personal relationships; and,
- selling products to promote the nurse's personal business.

Abuse and neglect are examples of extreme boundary violations. Abuse is the misuse of power or a betrayal of trust, respect or intimacy between the nurse and the client in which the nurse knows it may (or reasonably be expected to) cause, physical or emotional harm to a client. Neglect occurs when nurses intentionally fail to meet the basic needs of clients who are unable to meet their needs themselves. Neglect can also occur through inappropriate activities such as withholding communication, confining, isolating or ignoring or denying a client care or privileges.

Nurses in Nova Scotia have a legal duty to report abuse and neglect to the appropriate nursing regulatory body and to the Department of Health and Wellness or the Department of Community Services. Nurses with reasonable grounds to believe that another healthcare provider has engaged in professional misconduct or conduct unbecoming, such as abuse or neglect, have a responsibility to report to the regulator of that health profession or employer if the provider is unregulated. Refer to Appendix A for examples abusive behaviours.

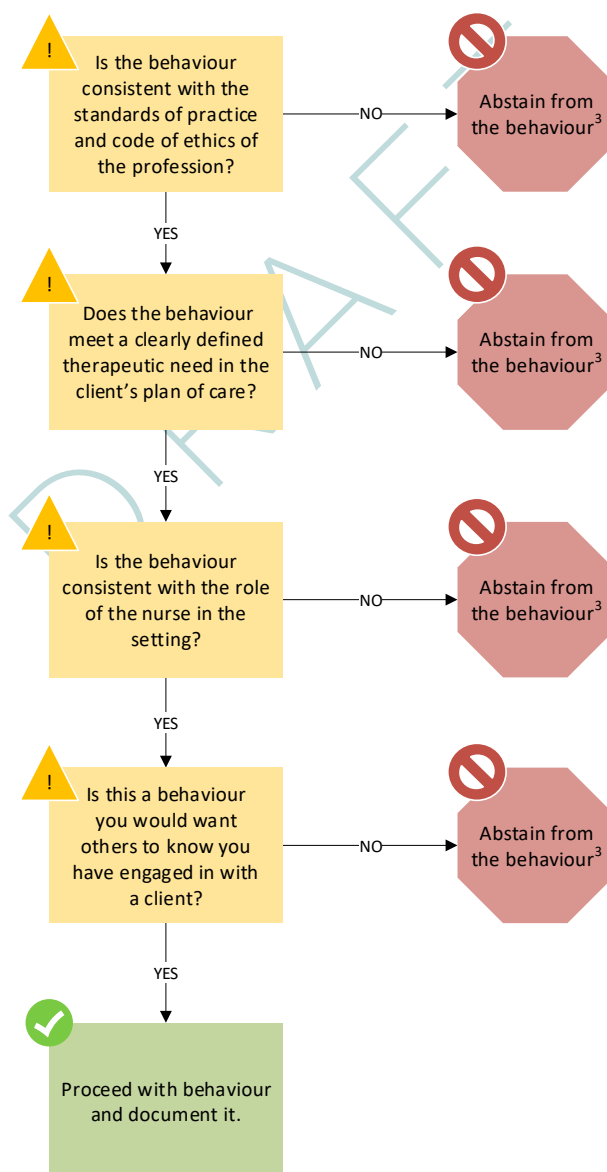
Principles to Protect the Therapeutic Nurse-Client Relationship

- The nurse is responsible to define and maintain boundaries;
- The nurse always acts in the best interest of the client;
- The nurse works within the therapeutic nurse-client relationship;
- The nurse should seek advice from their employer or from a practice consultant at the College(s) when considering starting a personal relationship with a former client who may require ongoing or continued nursing services; and,
- The nurse should avoid personal relationships with vulnerable² former clients.

Decision Making Framework

The lines between a boundary crossing and violation may not always be clear to the nurse. The following decision-making framework can assist a nurse in determining if they should engage in or abstain from a behaviour. The practice consultants at CLPNNS and CRNNS are always available to discuss any questions related to professional boundaries.

Proposed Behaviour



² For purposes of this document vulnerable refers to individuals with known mental, emotional or physical disabilities or an alcohol or drug dependency.

³ Consult with the health care team, manager and/or CLPNNS/CRNNS to determine how to address the client's needs.

Under- and Over-involvement

Over-involvement and under-involvement can become a boundary crossing, can extend to a boundary violation and may be considered abuse or neglect.

Every nurse-client relationship is conceptualized on the continuum of professional behavior. There are no definite lines separating the therapeutic relationship from under-involvement or over-involvement; instead, it is a gradual transition.

A CONTINUUM OF PROFESSIONAL BEHAVIOR



This [continuum](#) provides a frame of reference to assist nurses in evaluating their own and their colleagues' client interactions and movements from a therapeutic relationship to one in which there is over-involvement or under-involvement. (NCSBN, 2018)

OVER-INVOLVEMENT

Over-involvement refers to unnecessary focus and excludes instances when a client's needs are higher than other clients because of increased complexity. Over-involvement can affect the recovery of other clients. For instance, when a nurse spends more time with one client than others, the neglected clients may feel their health is not important to the nurse causing them to refrain from seeking assistance from the nurse or others.

Developing a personal or romantic relationship is clearly over-involvement and can result in a breach of trust. For instance, a client who has developed a personal friendship with a nurse beyond the therapeutic relationship may fear judgment or a lack of confidentiality if they speak freely about their health. As a result, the client may withhold information from the nurse or others.

Over-involvement includes both boundary crossings and boundary violations.

Signs of Over-involvement

- discussing personal issues with a client;
- thinking about a client in a personal way as opposed to being concerned about the client's progress;
- engaging in behaviors that could reasonably be interpreted as flirting;
- keeping secrets with a client or for a client;
- changing client assignments to ensure contact with the client;
- believing that you are the only one who truly understands or can help the client;
- spending more time than is necessary with a particular client;
- speaking poorly about colleagues or your employment setting with the client and/or family;
- showing favouritism; and,
- meeting a client in settings other than care area or when you are not at work.

UNDER-INVOLVEMENT

When a nurse is under-involved (e.g., avoids a client), the therapeutic nurse-client relationship can be damaged causing repercussions for a client's health and well-being. Avoiding client interactions can occur when a client exhibits undesirable behaviour. In cases of under-involvement, the nurse-client relationship can be affected on two levels. Firstly, by avoiding a client, a nurse may just focus on the 'tasks' associated with providing minimal care rather than dealing with the issues that are making them feel uncomfortable (e.g., client exhibiting undesirable behaviours). When a nurse avoids a client, they are putting their own needs ahead of the client's. Secondly, avoidance can raise the potential for substandard care (e.g., the nurse fails to recognize physical or psychosocial needs that should be addressed). Avoidance can actually lead to neglect, which is a boundary violation.

Personal Relationships with Former Clients

Establishing a personal relationship with a former client can be complex. It can be especially challenging if it is formed shortly after the termination of the professional relationship because of the difficulties determining if the relationship actually began while the client was still receiving care from the nurse.

It is **not** appropriate for a nurse to engage in a personal relationship with a former client when the former client:

- has a chronic physical or mental health condition requiring ongoing treatment where the nurse has been, or could be the client's primary care provider; or,
- is vulnerable⁴.

It equally inappropriate for a nurse to initiate a personal relationship with a client currently under their care or likely to be under their care in the future.

However, in some instances it may be acceptable to establish a personal relationship with a former client. Nurses must assess the risk that establishing a personal relationship may have on the individual. Additionally, they must also assess their capacity to make impartial decisions about these risks because it is a priority to ensure they do no harm. Nurses thinking about establishing a personal relationship with a former mature adult client must fully consider the:

- client's capacity for making decisions for themselves;
- client's vulnerability;
- duration of the therapeutic nurse-client relationship;
- intensity of the therapeutic nurse-client relationship (including assessing if the client developed emotional dependency on the nurse);
- amount of time since the therapeutic nurse-client relationship with the client ended (e.g., days, months, years);
- likelihood of needing professional care from the nurse in the future; and,
- impact on the therapeutic nurse-client relationships with other clients if they become of the personal relationship.

The likelihood of the appropriateness of the personal relationship diminishes as the overall risk increases in any one of the above statements.

Any nurse thinking about engaging in a personal relationship with a former client is advised to seek guidance from their employer or a consultant at the College(s) prior to initiating the relationship.

Recommendations to Define and Maintain Professional Boundaries

- Think critically relying on professional judgement to determine the appropriate boundaries for *each* client.
- Initiate, maintain and end therapeutic nurse-client relationships with clients (including family and friends) in a way that ensures the client's needs are first.
- Assist others to maintain professional boundaries and report evidence of boundary violations to the appropriate person or agency.
- Examine boundary crossing, be aware of its potential implications and develop a plan to avoid repeated crossings.
- Minimize situations where the nurse has a personal or business relationship with current or former clients.

⁴ For purposes of this document vulnerable refers to individuals with known mental, emotional or physical disabilities or an alcohol or drug dependency.

- Develop and implement strategies to minimize the possibility of boundary violations when the nurse is:
 - required to provide professional care for a client who is a family member or friend;
 - in social situations with current or former clients; and,
 - receiving a gift from a client⁵.
- Only use self-disclosure if it will help meet the therapeutic needs of the client.
 - If doing so, remain focused on the client's needs and do not disclose intimate details or give long descriptions of personal experiences.
- Do not engage in activities that may result in inappropriate financial (e.g. power of attorney) or personal benefit.
- Be transparent, therapeutic and ethical with 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.
- 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. Do not take personal photos of clients, even with their permission.
- Recognize the potential impact of being in a dual role.
- Know the difference between being friendly and being friends.
- Determine whether client contact such as touching or hugging is appropriate, supportive or welcomed by the client.
- Reflect on the entire context before accepting a gift from a client. Consider why the client has offered the gift and the value and appropriateness of the gift. Discuss ways to redirect the gift (e.g. sharing with all of the staff). Be aware of the employer's policy specific to accepting gifts.

The therapeutic nurse-client relationship is complex and maintaining professional boundaries can be challenging. Nurses must continually reflect on their behaviour to ensure their practice is consistent with their Standards of Practice and Code of Ethics and within the boundaries that define the nurse-client relationship. For further information on anything contained within this practice guideline, please contact a practice consultant at CRNNS at practice@crnns.ca or CLPNNs at practiceconsultant@clpnn.ca.

⁵ Some cultures see refusal of a gift as offensive. Refer to agency policy.

Appendix A

ABUSIVE BEHAVIOURS

Abuse is the misuse of power, betrayal of a client's trust or a violation of 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 abuse 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 (e.g., one expressing impatience)
- inappropriate facial expressions

Physical abuse 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 and/or fluid
 - needed aids or equipment
 - medication
 - communication

Sexual abuse 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
- 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 abuse 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

DRAFT