



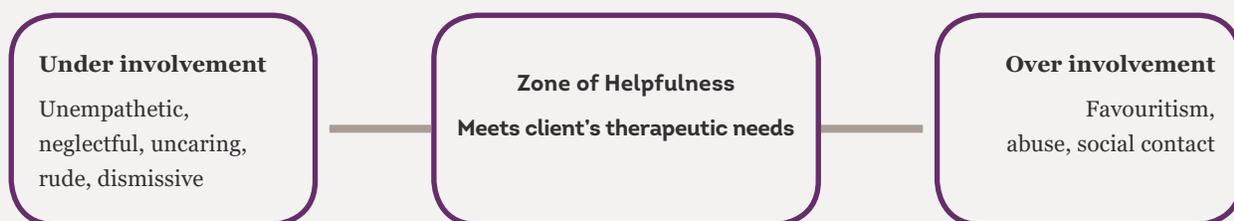
Professional Boundaries for Therapeutic Relationships

The therapeutic relationship between the nurse and client* is a foundational facet of registered nursing practice and is an expected entry-level competency for registered nurses (RN) and registered nurse practitioners (RN/NPs) in Manitoba. Professional boundaries create the framework for the therapeutic relationship. This document outlines the expectations of registered nurses in establishing and maintaining appropriate professional boundaries within the therapeutic relationship with clients. Additional guidance and clarification is provided by the *Practice Direction: Practice Expectations for RN and Practice Direction: Practice Expectations for RN(NP)s*, the *Canadian 2017 Nurses Association Code of Ethics for Registered Nurses*, and provincial and federal legislation. For the purposes of this document, client refers to an individual, family, significant other, community and/or population.

Therapeutic Relationships

A therapeutic relationship is a planned, goal-directed and contractual connection between a registered nurse and a client for the purpose of providing care to the client in order to meet the client's therapeutic needs. Therapeutic relationships occur along a dynamic continuum with the goal of providing registered nursing care in the "zone of helpfulness" (Figure 1). Nurses maintain appropriate professional boundaries and ensure their relationships are always for the benefit of the person. They recognize the potential vulnerability of persons receiving care and do not exploit their trust and dependency in a way that might compromise the therapeutic relationship. They do not abuse their relationship for personal or financial gain and do not enter into personal relationships (romantic, sexual, or other) with persons receiving care. (CNA, 2017, p.13, Bullet #7).

FIGURE 1



Adapted from National Council of State Boards of Nursing, n.d

Components of a Therapeutic Relationship

There are a number of components inherent to the therapeutic relationship between the registered nurse and the client (CNO, 2009) including:

Respect

The basis for the therapeutic relationship is the respect for the dignity, worth and rights of the client. The client's unique personal experience is worthy of the deepest respect. Nurses demonstrate the intrinsic worth of a person when they maintain "appropriate boundaries and ensure their relationships are always for the benefit of the persons they serve." (CNA, 2008, p.13).

Trust

Clients trust that registered nurses possess the requisite knowledge, abilities and skills to provide them with safe and competent care. Clients also trust that nurses will protect the confidentiality of the information obtained in the context of the professional relationship. Nurses are expected to safeguard this trust by maintaining a therapeutic relationship.

Empathy

Registered nurses provide compassionate and ethical care in their nursing practice. This requires nurses to demonstrate empathy and understanding of the health care experience for the client. Appropriate emotional distance is required in order to remain objective and professional in responding to the client while remaining in the zone of helpfulness.

Power

In the nurse-client therapeutic relationship there is an imbalance of power as a result of the nurse's authority in the health care system, specialized knowledge, access to private information, ability to influence decisions and the client's dependence on the nurse. There is potential to abuse this power and the nurse must remain cognizant of the purpose of the therapeutic relationship in order to prevent abuse.

Professional Intimacy

Professional intimacy relates to physical, psychological, emotional and/or spiritual elements that create a sense of closeness within the therapeutic relationship. The client's disclosure of their personal information also constitutes professional intimacy. Due to the professional intimacy inherent in the nurse-client relationship, maintaining therapeutic boundaries by the registered nurse is essential.

Boundaries of Therapeutic Relationships

Professional boundaries identify the parameters of the therapeutic relationship in which registered nurses provide care for the purpose of meeting the client's therapeutic needs. The registered nurse is accountable and takes responsibility for setting and maintaining the boundaries of a therapeutic relationship regardless of the client's actions or requests.

Boundary Crossings

There can be circumstances in which the registered nurse makes a conscious decision to deviate from the established boundaries (i.e. self-disclosure – see below). The purpose of "crossing" the therapeutic boundary is to further meet the client's therapeutic needs. "These crossings are brief, intentional excursions across the line and there is a clear return to the established limits of the professional relationship within a short period of time" (CRNNS, 2002, p.8). The behaviours are considered unacceptable when they focus on or meet the nurse's personal needs and/or pose a risk to the therapeutic relationship.

Boundary Violations

A boundary violation occurs when the client's needs are no longer the focus of the therapeutic relationship. "A boundary violation is typically characterized by a reversal of roles, secrecy, the creation of a double bind for the client and the indulgence of personal privilege by the professional" (CARNA, 2005, p. 5). Registered nurses must understand the potential for negative client outcomes if boundary violations occur. Client consent to or initiation of a personal relationship is not a defense. Nurses are to act as a client advocate and when appropriate, intervene to prevent or stop boundary violations.

The following activities may violate boundaries of the therapeutic relationship:

- **Accepting Gifts from Clients**

Registered nurses must carefully consider the implications of gifts. In most instances the nurse should decline accepting a gift from a client. In the absence of employer policy outlining the way in which gifts from clients are to be handled, nurses should only accept a token gift when the client initiates the gift-giving and giving the gift provides therapeutic value to the client. If declining the token gift will harm the therapeutic relationship the nurse should consult with his/her employer. If a client wishes to acknowledge the quality of their care by giving a large gift, a possible solution is to direct gifts to foundations or scholarship funds.

- **Self-Disclosure**

Self-disclosure in a therapeutic relationship can be considered useful when it is for the purpose of providing reassurance, building rapport or for supporting a client to meet their desired health care goals. Disclosing personal information that is lengthy, irrelevant or is intimate in nature is not acceptable as it diverts from a professional therapeutic relationship and outside of the zone of helpfulness. Questions to consider: How will this self-disclosure benefit in meeting the client's health care needs? Is the self-disclosure consistent with the care plan? (NCSBN, 2011).

- **Commencing a Social Relationship with a Former Client**

When contemplating initiating a relationship with a former client, there are a number of factors that the registered nurse must consider: the amount of time that has passed since the professional relationship ended; the maturity and vulnerability of the former client; the nature, intensity and duration of the nursing care that had been provided; the potential for negative outcomes with the residual power imbalance; the potential impact on the well-being of the client; whether the client is likely to require the nurse's care again; and other possible factors that may affect the ability of the client to act freely. After a therapeutic relationship ceases and where a social relationship may develop between the nurse and client, aspects of the therapeutic relationship remain in place, such as the requirement for confidentiality of information obtained through the therapeutic relationship.

- **Entering a Therapeutic Relationship with Family, Friends or Acquaintances**

On occasion, registered nurses may find themselves in the position of being expected to provide nursing care to family, friends or acquaintances. While this is generally not appropriate, due to the inherent conflict of interest present in the relationship, there may be circumstances where such a situation is unavoidable. Prior to entering into a therapeutic relationship under these circumstances, the nurse should ensure that attempts to exercise other options have been exhausted or that other options do not exist.

The nurse must acknowledge the presence of an inherent conflict of interest, be aware of the potential difficulties in maintaining professional boundaries between the personal and the therapeutic relationship and actively institute measures to manage the situation. In communication with the client, the nurse must acknowledge that while a social relationship exists, the client can expect to be treated professionally and that information exchanged during the therapeutic relationship will be kept confidential even after the therapeutic relationship ends.

Behaviours that are Unacceptable in a Therapeutic Relationship

The following activities constitute a violation of boundaries of the therapeutic relationship:

- Abuse (physical, emotional, verbal, sexual or financial)
- Commencing a social/personal relationship with client (this includes engaging with clients on a social networking site)
- Neglect
- Acting as a representative for clients under powers of attorney or representation agreements
- Utilizing information obtained in the therapeutic relationship for the advantage of the nurse or disadvantage of the client
- Exploiting the therapeutic relationship for the registered nurse's emotional, financial, sexual or personal advantage or benefit

Actions to be Taken

To be successful at establishing and maintaining therapeutic relationships, registered nurses must adopt effective strategies to manage the limits or boundaries of therapeutic relationships. Strategies the nurse might consider using include the following practices:

- Understanding the limits of the therapeutic relationship
- Understanding the continuum of a therapeutic relationship and what contributes to maintaining the nurse-client relationship within the zone of helpfulness
- Establishing, maintaining and communicating professional boundaries with the client
- Avoiding dual (therapeutic and social) relationships to the extent possible
- Adhering to the plan of care
- Communicating the expectations for and limits of confidentiality
- Being sensitive to the context in which the care is provided
- Implementing reflective practice
- Terminating the therapeutic relationship

Registered nurses help colleagues to maintain professional boundaries. Since boundary violations are usually unintended, a nurse is often not aware they have crossed a boundary. Under such circumstance, it may be easier for a nurse to address with a colleague a boundary violation the colleague may have committed, and easier for individual nurses to be approached by a colleague in the event of a violation.

Registered nurses who are concerned about potential boundary violations are encouraged to call CRNM Nursing Practice Consultants for assistance or contact their employee assistance program.

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For more information please contact
our professional conduct team at

204-774-3477

800-665-2027 (Manitoba toll-free)

This publication is provided for general information. For more specific information see our *Standards of Practice for Registered Nurses*, the Canadian Nurses Association *Code of Ethics for Registered Nurses* and the *Registered Nurses Act and Regulations*.

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FIGURE 2

Maintaining Boundaries

Nurses maintain appropriate professional boundaries and ensure their relationships are always for the benefit of the person. They recognize the potential vulnerability of persons receiving care and do not exploit their trust and dependency in a way that might compromise the therapeutic relationship. They do not abuse their relationship for personal or financial gain and do not enter into personal relationships (romantic, sexual or other) with persons receiving care. (COE for RNs page 13).

Establishes and maintains appropriate professional boundaries with clients and the health-care team including the distinction between social interaction and therapeutic relationships.

Indicators

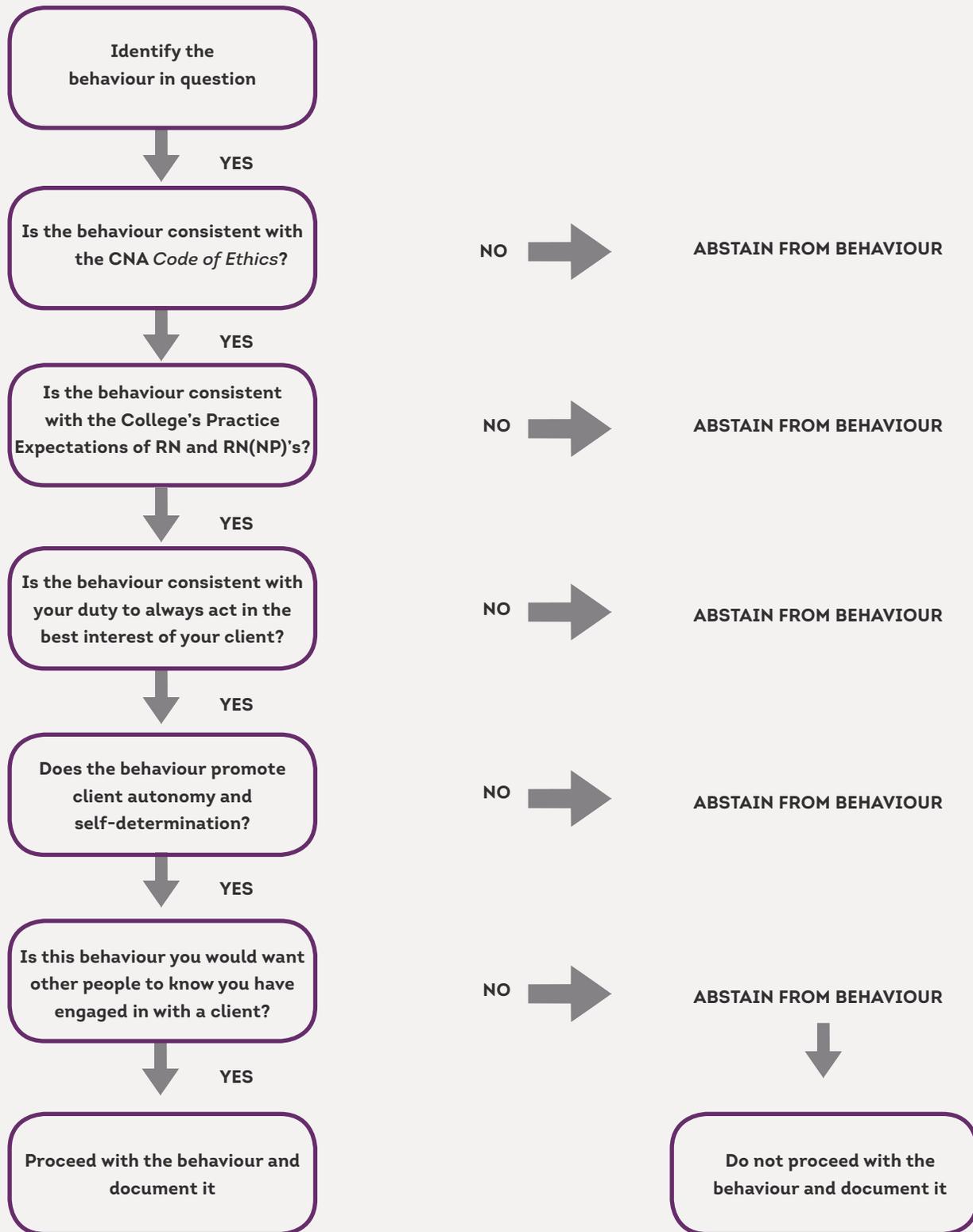
The indicators are not all inclusive, they are broad statements that can be applied to specific practice settings. The indicators are not listed in order of importance.

The nurse meets the standard by:

- a) setting and maintaining the appropriate boundaries within the relationship, and helping clients understand when their requests are beyond the limits of the therapeutic relationship;
- b) developing and following a comprehensive care plan with the client and health care team that aims to meet the client's needs;
- c) ensuring that any approach or activity that could be perceived as a boundary crossing is included in the care plan developed by the health care team (for example, a health care team in a mental health setting may determine that having coffee with a particular client is an appropriate strategy that all nurses will consistently use when counseling the client);
- d) recognizing that there may be an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings (for example, when care is provided in a client's home, a nurse may become involved in the family's private life and needs to recognize when her/his behaviour is crossing the boundaries of the nurse client relationship);
- e) ensuring that she/he does not interfere with the client's personal relationships;
- f) abstaining from disclosing personal information, unless it meets an articulated therapeutic need of the client (for example, disclosing a personal problem may make the client feel as if his/her problems/feelings are being diminished or that the client needs to help the nurse);
- g) clarifying her/his role in the therapeutic relationship, especially in situations in which the client may become unclear about the boundaries and limitations of the relationship (for example, when an identified part of a nurse's role includes accompanying a client to a funeral to provide care);
- h) ensuring that co-existing relationships do not undermine the judgment and objectivity in the therapeutic nurse-client relationship (for example, a nurse providing care to a child who is a close friend of her/his child needs to be aware of the potential effect the dual relationship has on nursing care);
- i) abstaining from engaging in financial transactions unrelated to the provision of care and services with the client or the client's family/significant other;
- j) consulting with colleagues and/or the manager in any situation in which it is unclear whether a behaviour may cross a boundary of the therapeutic relationship, especially circumstances that include self-disclosure or giving a gift to or accepting a gift from a client;
- k) ensuring that the nurse-client relationship and nursing strategies are developed for the purpose of promoting the health and well-being of the client and not to meet the needs of the nurse, especially when considering self disclosure, giving a gift to or accepting a gift from a client;
- l) documenting client-specific information in the client's record regarding instances in which it was necessary to consult with colleague/manager about an uncertain situation (non-client related information, such as a letter of summary or incident report, should be documented on the appropriate confidential form); and
- m) considering the cultural values of the client in the context of maintaining boundaries, including situations that involve disclosure and gift giving.

FIGURE 3

Decision-Making Framework for Appropriate Professional Behaviour



References

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