



Professional Boundaries

Purpose

Professional boundaries support therapeutic relationships. The therapeutic relationship between the nurse and client¹ is foundational to registered nursing and nurse practitioner (NP) practice. Development and maintenance of therapeutic relationships are an entry-level competency and a responsibility outlined in the *Code of Ethical Conduct* and College Practice Directions.

This document explains the responsibilities of registrants² in establishing and maintaining appropriate professional boundaries with clients. These responsibilities are based on expectations provided by the:

- Entry-level Competencies,
- Practice Direction: Practice Expectations for RNs,
- Practice Direction: Practice and Prescribing Expectations for RN(NP)s, and
- Code of Ethical Conduct.

Therapeutic Relationships

A therapeutic relationship is a planned, goal-directed and contractual exchange between the registrant and client for the purpose of providing care/service to meet the client's therapeutic needs. RN and NP practice encompasses a number of domains, such as clinical practice, education, administration and research. Therapeutic relationships occur in a wide range of settings, as there are various contexts and settings where registrants practice. While this does not change the need for professional boundaries in therapeutic relationships, settings and contexts can impact factors such as the:

- amount of notice a registrant receives regarding a client who will require care (e.g. urgency of client care needs),
- timely availability of other care providers to meet client care needs,
- preexistence of interpersonal relationships in the community where the registrant is working,
- nature of the care itself (e.g. intimate or invasive care),
- depth of therapeutic relationship between the registrant and the client,
- degree of vulnerability of the client, and
- ability of the client to understand and adhere to boundaries.

¹A client may be an individual, a family, a group of people, a community, or a population. Depending on the registrants domain of practice (e.g. clinical practice, education, administration or research), a client may be a patient, a nursing student, a research participant, another registrant or other health care provider.

²The use of the word registrant refers to registered nurse, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse.

A dynamic continuum can illustrate professional behaviour in therapeutic relationships (Figure 1). The goal is to practice in the zone of helpfulness where registrants maintain professional boundaries and ensure therapeutic relationships are for the benefit of the client. Registrants recognize the potential vulnerability of clients and do not exploit trust or dependency. Nor do they abuse therapeutic relationships for personal or financial gain.

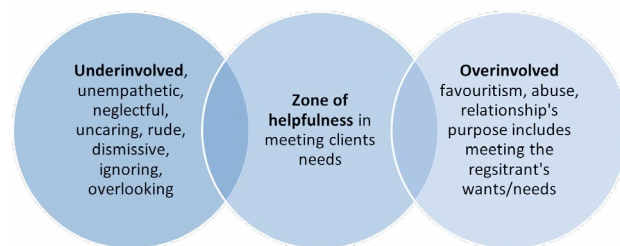


Figure 1: **Continuum of Professional Behaviour**

Components Impacting Professional Boundaries in a Therapeutic Relationship

The registrant is accountable and responsible for setting and maintaining the boundaries in a therapeutic relationship regardless of the client's actions or requests. Components inherent to the therapeutic relationship and professional boundaries include:

Respect

The basis for all therapeutic relationships is respect for the client's dignity, worth, rights and autonomy. Treating clients with respect means behaviour that is considerate, compassionate and values the client's worth, dignity, uniqueness, and culture as well as their individuality. Respect is the foundation for professional nursing relationships and ethical conduct. Registrants demonstrate respect when they maintain appropriate boundaries within the zone of helpfulness to ensure their nursing care is for the benefit of the clients they serve.

Trust

Trust is an essential factor for clients to work effectively with care providers. A therapeutic relationship can develop when clients can trust that the registrant applies the necessary knowledge, skill and judgment to provide clients with safe and competent care and protecting the confidentiality of personal health information. As part of trust, clients need to know that registrants work in the interests of their health/well-being.

Empathy

Empathy is the ability to understand and share the experience of another person. It is central to the therapeutic relationship and registrants demonstrate empathy by actively listening to their clients, refraining from judgment, recognizing their client's emotions, and communicating back their experience. For empathy to occur, the registrant does need to differentiate themselves from the client; such differentiation is part of professional boundaries. As such, appropriate emotional distance is required to remain professional in responding to the client while remaining in the zone of helpfulness.

Recognition of Power Imbalance and Vulnerability

In the therapeutic relationship, there is an imbalance of power due to factors such as the registrant's knowledge, access to client information and ability to influence decisions. Clients typically lack the same level of knowledge, skills, or access to resources that registrants have as a part of their workplace role and level of competency. Some clients may appreciate the close connection in therapeutic relationships while others will find it uncomfortable or feel vulnerable. Clients may not be able to express their discomfort due in part to this power imbalance. It is crucial for healthcare providers to assess and recognize these power imbalances and respect the client's strengths, needs, and autonomy.

Understanding Role Clarity, Boundary Crossings and Boundary Violations

Professional boundaries are necessary parameters for therapeutic relationships. It is essential that registrants understand and have clarity about their role in client care.

Role Clarity

Role clarity involves understanding what is expected of the registrant when providing care. Role clarity includes clear information for the client, registrants, and others involved in the care plan regarding service expectations (e.g. when the registrant is available to provide care, what level of care is included).

Boundary Crossings

There can be circumstances in which the registrant decides to deviate from the established boundaries (e.g. self-disclosure). The purpose of “crossing” a professional boundary is to further meet the client’s therapeutic needs. Boundary crossings should only be 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. Boundary crossings become violations when they focus on the registrant’s personal needs and/or risk disruption of the therapeutic relationship.

Boundary Violations

A boundary violation occurs when boundaries are crossed, and the client’s needs are no longer the primary focus of the therapeutic relationship. At the one end of the boundary violation continuum is ignoring, neglecting or not bringing forth information about a client’s health status or needs. At the other end of the continuum is involvement in meeting the registrant’s emotional, social or financial needs. Negative client outcomes when boundary violations occur include poorer client health along with decreased trust in the registrant, the care team and the nursing profession.

A client who consents to or initiates a personal relationship with a registrant is not a defense. It is the responsibility of the registrant to maintain professional boundaries.

Registrants are to act as a client advocate and, when appropriate, intervene to prevent or stop boundary violations.

Consider the following:

- **Offers of Gifts from Clients**

Registrants must carefully consider the implications of gifts. For example, gifts can be offered to express gratitude.

A gift could be deemed free of any obligations by some, while others believe that gifts create a bond between people that change power in the relationship. Such changes can be problematic in healthcare contexts, as bonds can lead to feelings of expecting something in return or asking for special prerogatives. Gift acceptance may implicitly endorse a particular consideration of the health professionals and may clash with impartiality in the client’s care.

- **Tips or Gratuities**

The impact of tipping for health care has the same issues as gifts plus some additional considerations. It is expected that registrants will not solicit, accept or include tips/gratuities as part of the fee for care provided.

There is more opportunity to tip in settings where the client pays for care at the point of sale. Not only can tipping blur the client’s service expectations, but it could also lead to care disparities as the person who tips may expect/receive better care than those who cannot or do not tip. At the same time, those who would not, or do not tip, may lose trust in the provider, when they believe that people who tip get better care.

- **Self-Disclosure of Personal Information**

Self-disclosure in a therapeutic relationship can only be considered useful when it is for the purpose of supporting a client to meet their desired health care goals. Disclosing personal information that is lengthy, irrelevant or intimate in nature is not acceptable even if the client positively accepts the disclosure, as it diverts from a therapeutic relationship and/or creates a feeling of discomfort for the client. Questions to consider: How will this self-disclosure benefit in meeting the client’s health care needs? Is self-disclosure consistent with the care plan? How might the client react in the short and long term?

- **Encountering a Current or Former Client Outside of the Therapeutic Environment**

The College recognizes that many registrants provide services in the communities where they live, whether in remote, rural or urban communities. As a result, registrants may have interactions with current or former clients outside of their registered nursing practice. Registrants should consider how they might respond if they are approached by a client outside of the health care setting. Strategies include informing clients of what your approach will be to support client autonomy, choice and privacy if you see them outside of the therapeutic environment, (e.g. If you see me outside of the therapeutic environment, I will support your privacy so if you choose not to acknowledge we know each other, this is fine. I will only acknowledge you if you acknowledge me first, so you have the choice. If you approach me to say hello, of course I will say hello).

If a client sees you outside of the therapeutic environment and wants to discuss aspects of their health, care or other personal details, inform them that it is best to keep such discussions limited to times/ locations where health care is provided (e.g. I will be available to discuss at your next appointment where I am able to focus on the your assessment and care.)

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

Commencing a social relationship with a current client is not appropriate as this is a boundary violation and creates role confusion.

Entering a personal relationship with a former client carries risk and registrants must be able to account for how they are not putting the client at risk. There are several factors to consider, including the:

- amount of time that has passed since the professional relationship ended,
- maturity and vulnerability of the former client (currently and at the time when nursing care was provided),
- nature, intensity and duration of the nursing care that was provided,
- residual power imbalance which never completely dissipates,

- impact on the well-being of the client,
- whether the client is likely to require the registrant's care again, and
- other possible factors that may affect the ability of the client to choose or act freely.

The requirement to protect personal health information remains in place regardless.

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

Registrants may find themselves in the position of being expected to provide nursing care to family, friends or acquaintances. This is most likely to happen in a community where there are overlapping connections, however it can occur anywhere, and such requests should be expected during a registrant's career.

A client may feel uncomfortable receiving nursing services or disclosing essential aspects of their health history with someone with whom they had a personal relationship, even if the client states otherwise. Alternatively, family, friends or acquaintances may want to hire someone they know for independent practice (e.g. providing home health services or aesthetics) because they want special treatment. Entering a therapeutic relationship or providing nursing care to family, friends or acquaintances are only meant for circumstances when other capable care providers are unavailable. When other qualified care providers are not available before the client requires care, the client's care needs should be stabilized and, if possible, transferred. It is important not to disclose information about a client to other family members and/or friends even after the nurse-client relationship has ended.

Reflect on whether you can maintain professionalism and objectivity in caring for the client, and whether your relationship interferes with meeting the client's needs. Also, ensure that providing care to a family member or friend will not interfere with the care of other clients, or with the dynamics of the health care team. Discuss the situation with your colleagues and employer before deciding.

Warning Signals and Red Flags

Boundary violations can start with warning signals such as:

- Discussing your own personal issues with a client
- Anything that could be reasonably interpreted as flirting
- Keeping secrets with a client from the rest of the health care team
- Thinking that you are the only one who understands a client
- Speaking poorly about colleagues or your employment setting with the client
- Meeting a client when you are not working or in settings other than usual locations for direct care

Unacceptable Behaviours

The following activities are some examples of a boundary violation in a therapeutic relationship:

- Abuse or neglect (physical, emotional, verbal, sexual or financial)
- Commencing a social/personal relationship with a client
- Sexual contact or sexualized interactions with former client for whom psychotherapeutic care has been provided
- Engaging with clients through one's personal social networking account
- Acting as a representative for clients under powers of attorney or representation agreements
- Utilizing information obtained in the therapeutic relationship for the registrant's advantage or client's disadvantage
- Using the therapeutic relationship for the registrant's emotional, financial, sexual or any other personal advantage

Actions to Take

To be successful at establishing and maintaining therapeutic relationships, adopt approaches to manage professional boundaries. See the Appendix for a Decision-Making Framework for Appropriate Professional Behaviour. Recommended approaches include:

- Understanding the continuum of professional behaviours in therapeutic relationships and what contributes to the zone of helpfulness.
- Knowing and clarifying one's role in all therapeutic relationships, especially in situations in which the client may become unclear about the boundaries and limitations (e.g. accompanying a client to a funeral if this is part of the registrant's role).
- Recognizing when there is an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings (e.g. care provided in a client's home).
- Considering the client's cultural values (e.g. before touching a client, determine whether such contact would be appropriate, supportive and there is informed consent).
- Setting and maintaining the appropriate boundaries including professional communication to explain service expectations and limits.
- Developing and following a comprehensive care plan with the client and health care team to meet the client's health needs
- When service provision is complete, acknowledging the end of the therapeutic relationship
- Abstaining from personal financial transactions with the client or their family
- Ensuring that any approach or activity that could be reasonably perceived as a boundary crossing is included, with rationale, in the care plan developed by the health care team and is documented in the client's health record (e.g. mental health setting where having coffee with a client is an appropriate strategy)
- Regularly and proactively consulting with colleagues, manager and/or the Canadian Nurses Protective Society 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 accepting/giving a gift.

If you see or know about a boundary crossing or violation

It is often easier to recognize boundary crossings or violations in others. Registrants can support their colleagues by helping them recognize these situations and uphold professional boundaries. Under such circumstances, it can be helpful for another person to address the boundary crossing/violation with their colleague. The information in the College document [Registered Nurse Responsibilities Related to Professional Practice Issues](#) offers strategies to reach out to colleagues.

Registrants who have questions about boundary crossings or violations are encouraged to contact a Quality Practice Consultant at practice@crnm.mb.ca.

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Revised: 01/2019

Published: 10/2025

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Appendix

Decision-Making Framework for Appropriate Professional Behaviour

