

Practice Directive
**Therapeutic Nurse-Client
Relationship**

Prince Edward Island College of
Nursing and Midwifery

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This document is intended for all designation of nurses in Prince Edward Island (RN, NP, RPN, and LPN).

Purpose

The purpose of this document is to provide direction to Registered Nurses (RNs), Nurse Practitioners (NPs), Licensed Practical Nurses (LPNs), and Registered Psychiatric Nurses (RPNs) in all practice settings to help them understand:

- the therapeutic nurse-client relationship
- professional boundaries
- boundary crossings and boundary violations
- relationships with current and former clients

A client is an individual receiving nursing services. It also includes a parent, guardian, spouse, partner, child, or any substitute decision maker of the individual.

There are a number of documents that guide the professional practice of nurses. The Code of Ethics/Code of Ethical Conduct and the professional standards for each nursing designation articulates the values of the profession and the minimum expectations of the nurse for safe, competent, and ethical practice. This document is intended to compliment the Code of Ethics/Code of Ethical Conduct, the professional standards and any legislation and other resources that guide professional practice.

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 meeting the needs of the client. Regardless of the length or nature of the interaction, the therapeutic nurse-client relationship protects the patient's dignity, autonomy, and privacy and allows for the development of trust and respect.

The relationship begins when a client receives care from a nurse and continues until the nursing care has ended.

Therapeutic nurse-client relationships have five common characteristics:

Trust: Nurses are trusted to act in the best interests of their clients to provide them with safe, competent, compassionate, and ethical care. Clients trust that nurses will maintain confidentiality and keep their best interest in mind when making care decisions.

Respect: Nurses recognize and value the intrinsic worth of each person and treat them with respect. Nurses continually seek to understand the meaning of a client's experience and they demonstrate respect through non-judgmental and culturally sensitive behaviors.

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.

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 behavior, values and emotional needs and how their needs are separate from those of their clients. Embedded in this definition is the notion that no harm will come to a person by engaging in a relationship with the nurse.

Power: The therapeutic nurse-client relationship is one of unequal power. This results from clients' dependence on the services provided by nurses, the nurse's unique knowledge, and their authority within the healthcare system. Nurses also have access to privileged information about clients and the 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. The misuse of power is considered abuse. This power is legitimized, and the actions of the nurse are given credibility through the authority granted by the role, registration, and legislation. The power imbalance is increased when the client has limited knowledge, is made vulnerable by their health/mental health circumstances or is part of a vulnerable or marginalized group. Some particularly vulnerable groups are children, elderly, and those with a mental illness, addiction, or disability. Clients must be able to trust the nurse to protect them from harm and promote their choices and nurses must ensure that their own personal, sexual, or financial needs are not influencing interactions between themselves and their clients.

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. The relationship may become 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. 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 or Code of Ethical Conduct 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

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.

Some boundaries are determined by laws, while others are determined by PEICNM. Nurses meet the professional requirements for practice when they demonstrate the knowledge, skills, judgments, and attitudes of therapeutic behaviour. The Code of Ethics/Code of Ethical Conduct and Standards of Practice address the establishment and monitoring of boundaries as moral obligations and basic expectations of practice.

Given the power differential in the therapeutic-nurse client relationship, the duty to maintain professional boundaries always lies with the nurse and not the client.

Boundary Crossing

Boundary crossing is a deviation from normal therapeutic behaviour that crosses professional lines while attempting to meet a need of a client. The behavior may be inadvertent 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 crossing may seem to be insignificant in a single instance, there is the potential for the behavior to become a boundary violation if the frequency or severity of the boundary crossing increases. Some examples of actions or behaviours with the potential to cross the boundary of a therapeutic nurse-client relationship include:

- establishing a personal relationship with clients,
- use of social media 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.

Refer to Appendix A for more information.

Boundary Violation

Boundary violation is 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 disciplinary action by the College and/or the employer. 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.

Some examples of boundary violations include:

- 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 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.

Boundary violations can impact both the nurse and the client in negative ways. Boundary violations can result in a client experiencing ambivalence, mistrust, increased guilt, and shame. The violations can seriously undermine any future therapeutic interactions and relationships. Boundary violations have the potential to threaten the nurse's professional integrity and there may be professional and personal consequences in the form of disciplinary action from the employer and/or regulatory college.

Whether the boundary violation is initiated by the client or the nurse, it is the nurse's responsibility to identify and address professional boundary issues in a manner that is both professional and therapeutic.

Abuse and Neglect

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 a nurse intentionally fails to meet the basic needs of a client who is unable to meet their own needs. Neglect can also occur through inappropriate activities such as withholding communication, confining, isolating, ignoring, denying client care or privileges.

Nurses in Prince Edward Island have a legal duty to report abuse and neglect to:

- PEICNM if it is a nurse or midwife
- Appropriate regulatory body if it is another health professional
- Employer if it is an unregulated care provider

Refer to Appendix B for more information.

Preventing Boundary Violations

All nurses have a professional responsibility, within the therapeutic nurse-client relationship, to pay careful attention to warning signs that professional boundaries are in question or have already been violated. The nurse must act in the best interest of the client and is ultimately responsible for managing boundary issues.

It is important to be aware of warning signs because minor transgressions have the potential to become major boundary violations.

Potential warning signs:

- frequently thinking of the client when away from work
- spending free time with the client
- sharing personal information or work concerns with the client outside the context of the therapeutic relationship
- feeling responsible if the client's progress is limited
- noticing more physical touching than is appropriate or sexual/flirtatious content in interactions with the client
- favoring or giving special attention to one client's care at the expense of another's
- keeping secrets with the client
- selective reporting of the client's behavior (negative or positive)
- swapping assignments to work with the client
- communicating in a guarded and defensive manner when questioned regarding interactions/relationships with the client
- changing dress style for work when working with the client
- receiving of gifts or continued contact/communication with the client after discharge
- denying the fact that the client is a client
- acting and/or feeling possessive about the client
- denying that you may have already engaged in any of the above

(College of Registered Psychiatric Nurses of Manitoba, 2022)

While each situation is unique, the presence of any of the suggested warning signs tells the nurse to stop and reassess a particular relationship with a client. By paying attention to these signs, many issues can be resolved before a boundary is violated or the care of a client is adversely affected.

Over and Under - 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 refers to unnecessary attention. When the client's needs are higher than other clients because of complexity this would not be described as over-involvement. Over-involvement can affect the recovery of other clients.

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 include:

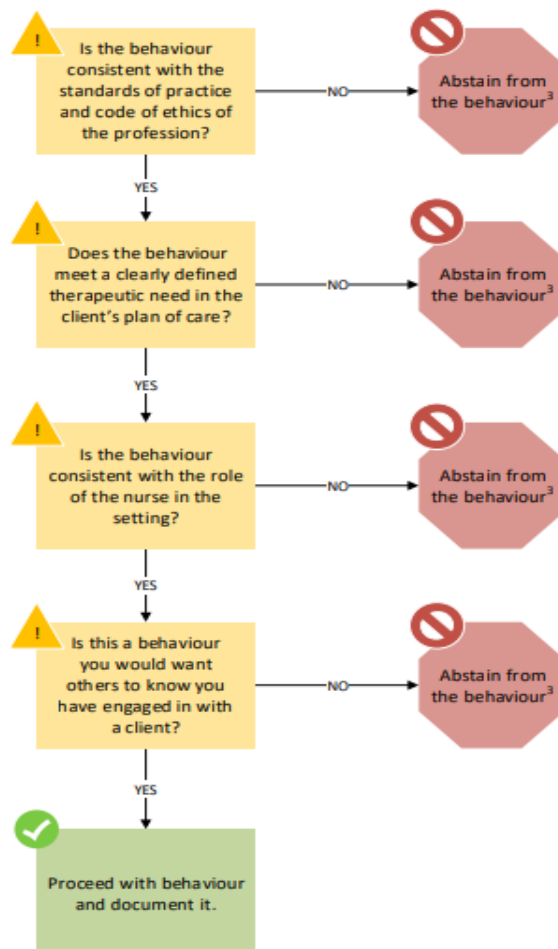
- giving personal contact information to the client
- communicating electronically with the client through social media for personal reasons
- giving gifts to the client
- paying special attention to the client, such as spending time with the client outside their shift or on a break
- discussing personal issues
- feeling other members of the team do not understand the client or can help with the client
- keeping secrets with or for the client
- speaking poorly about colleagues or your employment setting with the client
- meeting the client in settings other than care area or when you are not at work
- paying for the client's medications
- driving the client places

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. First, 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 the nurse 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. Second, 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 lead to neglect, which is a boundary violation.

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.



Relationships with Clients

Nurses must never engage in a personal relationship or any form of sexual behaviour with a current client. An individual is considered a current client when a nurse-client relationship has been formed and is ongoing. To determine if a nurse-client relationship has been formed, consider the following factors:

- Has the nurse provided a nursing service for the client?
- Has the nurse contributed to or viewed/accessed a health record or file of the client?
- Has the client consented to a nursing service provided by the nurse?
- Other factors relevant to the circumstances of the individual and the nurse.

A nurse-client relationship may exist where one of the above factors is met or when a combination of factors is met.

A client may no longer be considered a current client if care was previously provided in an episodic setting, such as a visit to the emergency department for a fracture or for an assessment at a walk-in clinic.

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 began while the client was still receiving care from the nurse.

Nurses must never engage in a personal relationship or any form of sexual behaviour with a vulnerable former client. A vulnerable former client is an individual who is no longer a current client, and who requires particular protection from sexual misconduct given their ongoing vulnerability. For some individuals, their degree of vulnerability is such that they will always be considered vulnerable even when their care has ended. If the nurse-client relationship was predominantly psychotherapeutic care, the client will always be considered a vulnerable former client. This includes but is not limited to mental health, addictions, and chronic care. For other individuals, their circumstances may change such they are no longer considered a vulnerable former client (eg: homelessness, financial insecure, unemployed).

Factors that may increase the likelihood that a former client is actually a former vulnerable client include:

- Nature of care provided:
 - Type, intensity and duration of the nursing care
 - Likelihood of requiring nursing care from the nurse in the future
- Client's impaired decision-making ability
- Age and maturity of the client
- Other factors relevant to the client's circumstances

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:

- ongoing risk to the former client
- risk of a continuing power imbalance
- length of time that has passed since the last clinical/professional encounter. The exact length of time cannot be defined as it may vary based on factors relevant to each former client's circumstances
- Nature of care provided:
 - Type, intensity and duration of the nursing care
 - Likelihood of requiring nursing care from the nurse in the future
- Extent of the personal health information accessible by the nurse
 - client's capacity for making decisions for themselves,
 - client's vulnerability,
 - impact on the therapeutic nurse-client relationships with other clients if they become aware 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 the College prior to initiating the relationship.

Providing Care to Family or Friends

Situations may occur where a nurse is required to provide professional care to a client who is also a family member or friend. In situations where a nurse must provide care to close friends or family members it is rarely possible for the nurse to maintain enough objectivity about the person to enable a truly professional relationship to develop. This is likely to happen in small communities and can happen in any practice setting (e.g. Client's home, hospital, clinic). The best course of action 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 ensure they understand that even though a family member or friend is providing care, they are doing so in the role of a professional nurse. This must be declared to the other members of the team and documented in the client's record. 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.

Principals to Protect the Therapeutic Nurse-Client Relationship

The nurse:

- is responsible to define and maintain boundaries.
- always acts in the best interest of the client.
- works within the therapeutic nurse-client relationship.
- should seek advice from their employer or from the College when considering starting a personal relationship with a former client
- Must never engage in personal relationships or any sexual behaviour with current or vulnerable former clients.

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/code of ethical conduct and within the boundaries that define the nurse-client relationship.

Appendix A:

Defining and Maintaining Personal Boundaries

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/ Code of Ethical Conduct and within the boundaries that define the nurse-client relationship.

- 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,
- 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 client,

- 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 the College,
- Refrain from accepting clients as personal contacts on social media sites,
- Refrain from asking clients or family members of clients to be friends on social media,
- 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 providing care to family or friends,
- 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 other staff). Be aware of the employer's policy specific to accepting gifts.

Appendix B

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

Acknowledgement

Adapted with permission from the Nova Scotia College of Nursing document entitled Professional Boundaries and the Nurse-Client Relationship (2020). As well from the College of Registered Psychiatric Nurses of Manitoba entitled Professional Boundaries in Psychiatric Nursing (2022).