

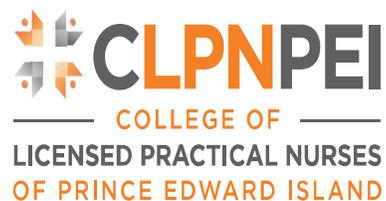
Practice Directive

Therapeutic Nurse-Client Relationship

College of Registered Nurses of
Prince Edward Island

College of Licensed Practical Nurses
of Prince Edward Island

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Introduction

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.

Purpose

The purpose of this document is to provide direction to Registered Nurses and Nurse Practitioners in the following areas:

- the establishment of the therapeutic nurse-client relationship,
- distinguishing between personal and non-personal relationships,
- understanding professional boundaries, and
- boundary crossing and boundary violations.

Therapeutic Nurse-Client Relationship

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.

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 behaviour, values and emotional needs and how their needs are separate from those of their clients.

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. A misuse of power is considered abuse.

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.

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

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. 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. 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.

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 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 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 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 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 duty to report suspected sexual abuse by a nurse to the nursing regulatory body (CRNPEI for RNs and NPs; CLPNPEI for LPNs). Nurses with reasonable grounds to believe that another healthcare provider has engaged in professional misconduct, such as abuse or neglect, have a responsibility to report to the regulator of that health profession. Refer to Appendix A for examples abusive behaviours.

Principals 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.

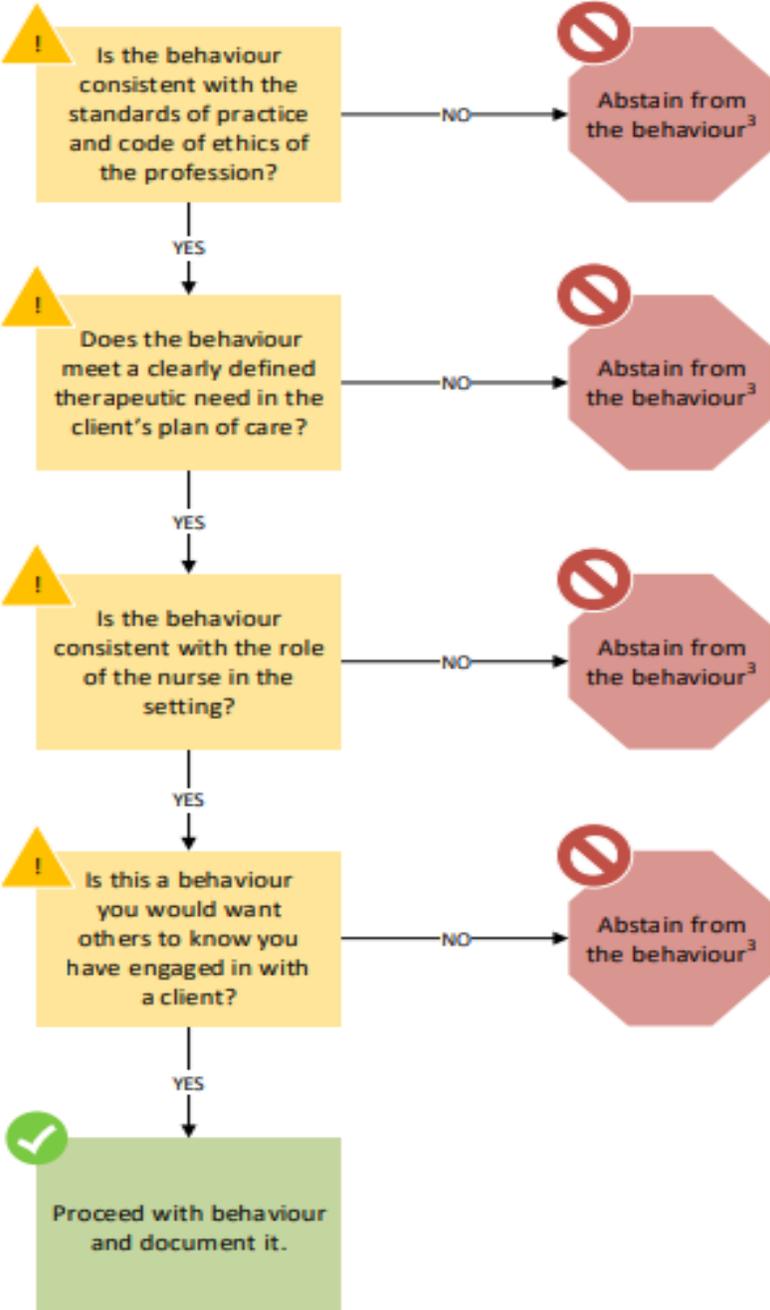
The nurse works within the therapeutic nurse-client relationship.

The nurse should seek advice from their employer or from the College when considering starting a personal relationship with a former client who may require ongoing or continued nursing services.

The nurse should avoid personal relationships with vulnerable former clients.

Proposed Behaviors

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.



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 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. When a nurse spends more time with one client than others, the other clients may feel their health is not important to the nurse causing them to refrain from seeking assistance from the nurse or others. The nurse must determine the amount of time spent with clients based on care needs and avoid over-involvement when it is not justified.

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 the nurse's 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. 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.

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 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 vulnerable¹.

It is 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.

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

¹ For purposes of this document vulnerable refers to individuals with known mental, emotional or physical disabilities or an alcohol or drug dependency. Vulnerability increases as complexity of the condition increases.

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 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.

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 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 (see page 4),
 - 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 A

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

Adapted with permission from the Nova Scotia College of Nursing document entitled Professional Boundaries and the Nurse-Client Relationship (2019).