



# **Professional Boundaries and the Nurse-Client Relationship: Keeping it Safe and Therapeutic**

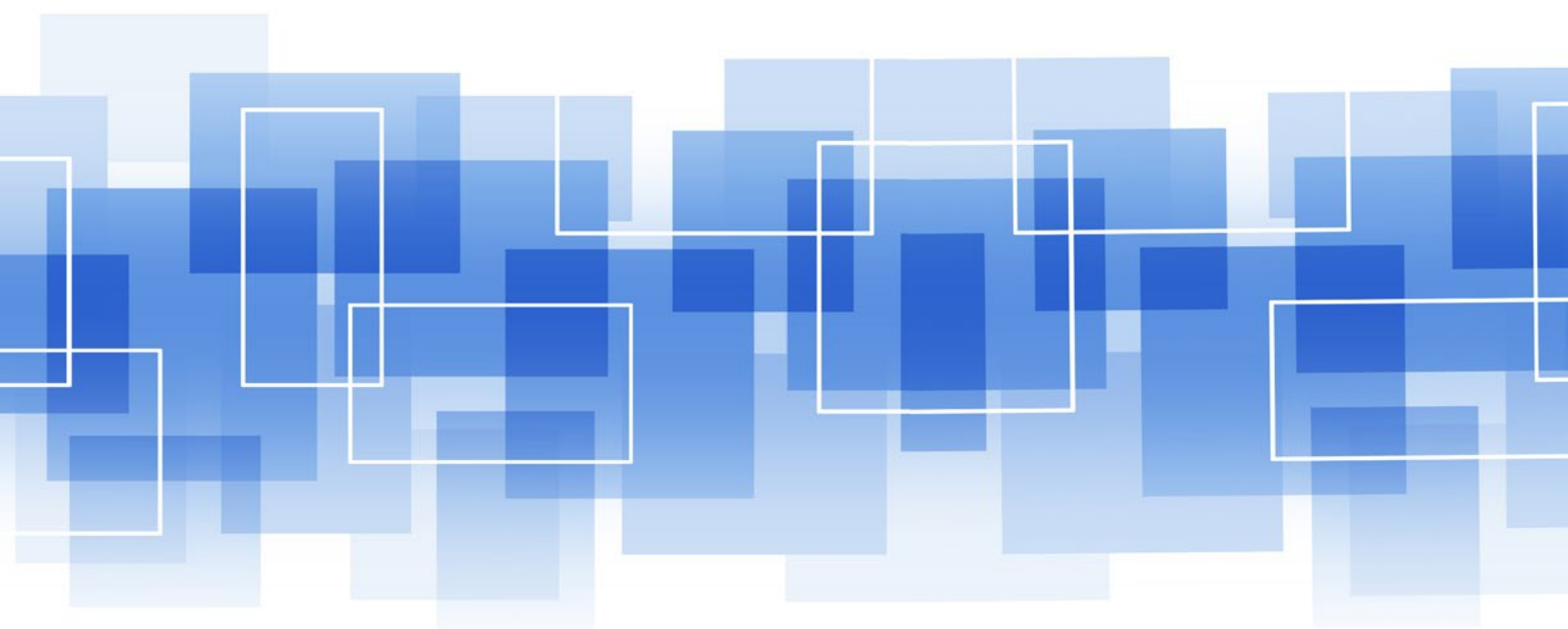
Guidelines for Registered Nurses



College of Registered Nurses of Nova Scotia

## Acknowledgement

The College of Registered Nurses of Nova Scotia gratefully acknowledges the College & Association of Registered Nurses of Alberta (CARNA) for permission to adapt, in whole or in part, a CARNA document entitled *Professional Boundaries: A Discussion Paper on Expectations for Nurse-Client Relationships* (1997) in the development of the initial version of this document, which remains the basis of latest version.



© 2017, College of Registered Nurses of Nova Scotia  
4005 –7071 Bayers Road  
Halifax, NS B3L 2C2

All rights reserved. No portion of this publication may be reproduced in any form or by any means without the permission of the copyright owner.

1st printing: 1998  
2nd printing: 2002  
Revision: 2010  
Revision: 2012  
Revision - 2017

# Table of Contents

Introduction.....	1
Dynamics of Nurse-Client Relationships.....	1
Professional Boundaries in Nurse-Client Relationships.....	3
Boundary Crossings and Violations .....	3
Decision-Making Framework .....	5
Warning Signs: Potential Boundary Crossings or Violations .....	6
Signs of Over-involvement .....	6
Under-involvement.....	8
Conscientious Objection .....	9
Discussions and Scenarios - Boundary Crossings or Violations .....	10
Establishing Social Relationships with Former Clients .....	10
Social Networking .....	12
Self-Disclosure.....	13
Nurses Accepting Gifts .....	15
Nurses Giving Gifts.....	17
Providing Care Beyond Your Job .....	18
Providing Care to Family and Friends.....	20
Addressing Boundary Crossing or Violations.....	22
Conclusion .....	24
Operational Definitions .....	25
References.....	27
Appendix A: Competencies, Standards, and Ethical Obligations.....	29
Appendix B: Legal Duty to Report Abuse.....	30



# Introduction

According to Nova Scotia's *Registered Nurses Act* and *Registered Nurses Regulations*, registered nurses<sup>1</sup>, individually and collectively, are expected to practise in accordance with the *Standards of Practice for Registered Nurses* and *Code of Ethics for Registered Nurses*.

This document, *Professional Boundaries and the Nurse-Client Relationship: Keeping it Safe and Therapeutic*, is designed to be used in conjunction with the Standards and Code — to help nurses in all practice settings understand the essence of therapeutic nurse-client relationships, and recognize the differences between professional and non-professional relationships.

Registered nurses are encouraged to use the framework and scenarios presented in this document to help identify the potential for crossing and/or violating professional boundaries within their nurse-client relationships, and how best to minimize and manage actual crossings and/or violations.

## Dynamics of Nurse-Client Relationships

Nurse-client relationships should always be therapeutic and professional. A therapeutic relationship, as defined by the College, is a purposeful, goal-directed relationship between a nurse and a client that is directed at advancing the best interests of and outcomes for the client. Therapeutic relationships should also preserve the dignity, autonomy and privacy of clients (CARNA, 2005).

Establishing and maintaining therapeutic relationships is an integral part of nurses' professional relationships with clients, and is an essential nursing competency that is achieved by thinking about one's actions, asking necessary questions, and putting principles into practice.

Registered nurses form therapeutic relationships with clients to:

- gain an understanding of client care needs
- create an environment in which care can be provided safely, effectively and ethically
- provide safe, competent, compassionate and ethical care.

Therapeutic nurse-client relationships are based on five common characteristics: trust, respect, intimacy, fiduciary duty and power.

<b>Trust</b>	Nurses are trusted to act in the best interests of their clients; to provide them with safe, competent, compassionate and ethical care.
<b>Respect</b>	Nurses recognize and respect the intrinsic worth of each person and relate to all persons with respect (Code of Ethics, CNA, 2008).
<b>Intimacy</b>	Nursing practice, by its very nature, can create an atmosphere of physical, emotional, and psychological intimacy that can, in turn, increase the vulnerability of clients.
<b>Fiduciary Duty</b>	Nurses are required to put aside their own needs and act in the best interest of their clients: avoiding any conflict of interest (Gallop, 1998.) Nurses should have an awareness of their own behaviour, values, and emotional needs, and how their needs are separate from those of their clients.

<sup>1</sup>As registered nurses and nurse practitioners are bound by the same standards of practice and code of ethics, for the purpose of this document the terms "nurse" and "registered nurse" refer to both registered nurses and nurse practitioners.

## Power

The nurse-client relationship is one of unequal power, resulting from clients' dependence on the services provided by nurses, as well as nurses' unique knowledge, authority within the healthcare system, access to privileged information about clients, and ability to influence decisions (CRMN, 2007). This power imbalance can place clients in a position of vulnerability and potential abuse if trust in the nurse-client relationship is not respected. It is the nurse's responsibility to recognize this imbalance of power and to be aware of the potential for clients to feel intimidated and/or dependent (CRNBC, 2006).

Establishing personal relationships (e.g., romantic, sexual) with individuals in their care would be a breach of registered nurses' practice standards and code of ethics and, across Canada, nurses have been disciplined for establishing these types of relationships. Personal relationships exist for the mutual interest and pleasure of all individuals involved. These relationships are casual and friendly in nature, and may become romantic. Individuals involved in personal relationships set the parameters of and are equally responsible for maintaining these relationships.

A good rule of thumb to follow, to ensure that a therapeutic relationship is maintained with a client, is to "do or say nothing in private or public which cannot be documented in the client's record" (NCSBN, 2005).

The following table highlights differences between professional and personal relationships:

CHARACTERISTICS	PROFESSIONAL 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
Length of relationship	Limited by client's need for nursing care	May last a lifetime
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
Time spent in relationship	Nurse has contractual agreement for hours of work (contact between nurse and clients)	Personal choice for length of relationship

Adapted from British Columbia Rehabilitation Society, now known as the Vancouver Hospital & Health Science Centre, 1992; Milgrom, 1992; CRNBC, 2006.

# Professional Boundaries in Nurse-Client Relationships

Professional boundaries are defining lines which separate the therapeutic behaviour of registered nurses from any behaviour which, well-intentioned or not, could reduce the benefit of care to clients. Staying within appropriate boundaries promotes safe and effective care that meets clients' needs. When a nurse's behaviour is outside the boundary of a therapeutic relationship, it is likely that the nurse's needs are taking priority over those of clients.

In other words, boundaries help determine what behaviour should be 'ruled in or ruled out' in a therapeutic relationship (Austin et al, 2008).

According to the College's *Entry-Level Competencies, Standards of Practice for Registered Nurses* and *Code of Ethics*, registered nurses are expected to maintain appropriate boundaries with clients regardless of the context of their practice or nature of their nurse-client relationships (see Appendix A). When nurses become over- or under-involved in their relationships with clients, a boundary crossing or violation may occur.

## Boundary Crossings and Violations

**Boundary crossing:** an action or behaviour that deviates from an established boundary in the nurse-client relationship. Such actions/behaviours may be acceptable in the context of meeting the client's therapeutic needs; even where the action or behaviour appears appropriate, it is not acceptable when it benefits the nurse at the expense of the client.

**Boundary violation:** actions or behaviours by a professional which use the relationship with the client to meet a personal need of the professional at the expense of the client.

Registered nurses should be aware of signs that professional boundaries are at risk of being crossed or have already been crossed. They should also know how to deal with boundary issues professionally and therapeutically, regardless of who initiated or caused them (i.e., client or nurse).

Two questions a nurse should ask when s/he sees warning signs of a boundary crossing or violation:

- Who is benefitting in this situation?
- Is the nurse achieving personal gain at a client's expense?

While boundary crossings may be insignificant in a single instance, there is the potential for them to become boundary violations if the frequency or severity of crossings increases (NCSBN, 1995). A boundary violation is a deviation from expected professional behaviour, resulting in a nurse meeting her/his own needs at the expense of a client. Boundary violations are never acceptable. A boundary violation is typically characterized by a reversal of roles, secrecy, and the creation of a double-bind for a client (NCSBN, 2007). The latter refers to situations in which a client's well-being would be compromised whether a relationship with a registered nurse is continued or discontinued.

In some situations, registered nurses may cross an established boundary when they think this would be beneficial for their client. To be acceptable, these crossings must have no detrimental impact on the client, and the registered nurse must return to the established limits of the professional therapeutic relationship within a short period of time.

Actions or behaviours that have the potential to cross the boundaries of a therapeutic nurse-client relationship include establishing a personal relationship with a former client, social networking, self-disclosure, accepting gifts from clients, giving gifts, providing care beyond one's 'job', providing care to family and friends. (Boundary crossings and their potential to transition to violations will be discussed later in this document through a number of scenarios.)



Examples of boundary violations:

- engaging in a romantic or sexual relationship with a current client
- excessive self-disclosure, to the point where a client is upset about the nurse's personal situation
- receiving 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
- borrowing or attempting to borrow money from a client
- inappropriately using a nurse's position to sell products or promote the nurse's personal business.

Abuse of clients is an ethical violation of registered nurses' professional Code of Ethics (CNA, 2008) and constitutes professional misconduct (*Registered Nurses Act*, 2006).

Abuse and neglect are examples of extreme boundary violations, with a nurse's needs being met to the detriment of a client's.

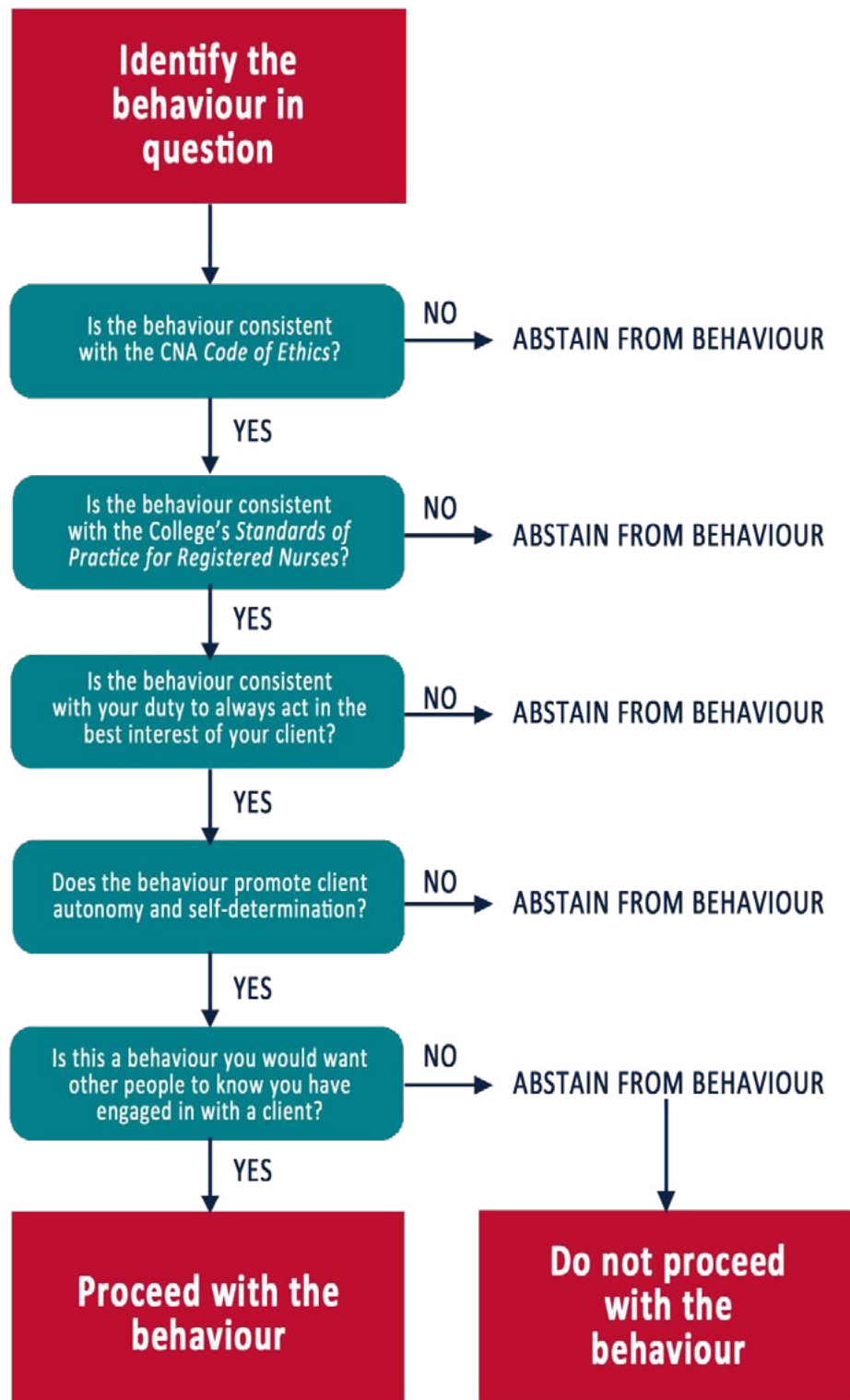
Abuse is the misuse of power or a betrayal of trust, respect, or intimacy between the nurse and the client which the nurse knows may cause, or be reasonably expected to cause, physical or emotional harm to a client (CNO, 1994). Whether deliberate or unintentional, abuse of clients in any form is unacceptable and should not be tolerated.

Neglect occurs when nurses fail to meet the basic needs of clients who are unable to meet their own needs themselves (e.g., withholding basic necessities such as clothing, food, fluid, needed equipment, and medication). Neglect can also occur through inappropriate activities such as withholding communication, confining, isolating or ignoring a client, denying a client care, or denying a client privileges (CARNA, 2005).

The following decision-making framework provides guidance for assessing situations where one or more warning signs of boundary crossings/violations are present. Remember to refer to this framework as you work your way through this document, including the scenarios and discussion questions.

Registered nurses in Nova Scotia have a legal duty to report abuse and neglect. According to the *Registered Nurses Act*, if a nurse has reasonable grounds to believe that another nurse has engaged in professional misconduct or conduct unbecoming (including abusing a person verbally, physically, emotionally or sexually, neglecting to provide care to a client, violating professional boundaries) that nurse has a duty to report this behaviour to the Executive Director of the College. Registered nurses also have a responsibility under the Act to report to the regulator of another health profession if they have reasonable grounds to believe that another healthcare provider has engaged in professional misconduct or conduct unbecoming. All Nova Scotia service providers also have a legal duty to report abuse of clients to the Minister of Health and Wellness or the Department of Community Services (see Appendix B for excerpts from provincial legislation referring to the legal duty to report abuse).

# Decision-Making Framework for appropriate professional behaviour





## Warning Signs: Potential Boundary Crossing or Violation

While the presence of one sign of over-involvement may not result in a boundary crossing, if more than one sign is present a registered nurse should assess the nature of the nurse-client relationship and address the issues before the care of a client is adversely affected.

### Signs of Over-Involvement

- Frequently thinking of a client in a personal way as opposed to being concerned about the client's care/progress.
- Frequently changing the time spent with other clients to allow you more time to be spent with one specific client.
- Seeking social contact with a client outside of clinical contacts.
- Sharing overly personal information/problems or work-based concerns with a client.
- Feeling that you personally provide the best care for a specific client.
- Acting and/or feeling possessive about a client.
- Feeling that other staff members are too critical of "your" client.
- More physical touching than is appropriate or sexual content in interactions with a client.
- Relating to a client as you might relate to a family member.
- Favoring one client's care at the expense of another's.
- Keeping secrets with a specific client.
- Selective reporting of a client's behaviour (i.e., negative or positive).
- Swapping client assignments to ensure contact with a specific client.
- Responding in a guarded and defensive manner when questioned about an interaction with a specific client.
- Paying more attention to your personal appearance when you're aware that you will be working with a specific client.
- Receiving gifts or having continued contact with a client after discharge.
- Having thoughts or fantasies about becoming personally involved with a client.
- Giving special attention/treatment to a client that differs from that given to other clients.
- Providing care in a social rather than a professional setting.
- Telling a client personal things about yourself in order to make an impression.

Adapted from Coltrane & Pugh, 1978; CPO, 2005; and Gallop, 1998.

When a nurse focuses on the care of one client to the exclusion of others (over-involvement), the recovery of other clients could be impacted significantly. It is important to recognize that in situations where a nurse violates a boundary, the nurse may also be negatively affected (e.g., while her/his initial needs may be met, the nurse's professional integrity may be damaged as well as her/his self-respect).

In many instances, a client may perceive a breach of trust to be more harmful than the establishment of a personal relationship with a nurse and this may affect the client's ability to trust others in the future (NCSBN, 2005). In some situations, social contact with a client after discharge can also place therapeutic relationships at risk (Gallop, 1998). For instance, a client who has had a romantic relationship with a nurse may not want to receive treatment from the facility where the nurse works following a break-up of the relationship. However, a breach of trust is not limited to sexual or romantic relationships. A client who develops a friendship with a nurse while receiving mental health therapy may not feel that s/he can speak freely about other friendships. As a result, the client may hide information from the therapist and so not receive the full benefits of therapy.

## Scenario Over-involvement

*Wang is a nurse practitioner with a general practice in a clinic. One of his clients is Mei, a 25-year-old female who is actively involved in the community. Wang often sees Mei at community events and enjoys their conversations. Mei recently broke her leg and arm in a biking accident and was hospitalized because of a blood clot in her lung. She has now returned home and has been in to see Wang for follow up care.*

*Wang missed Mei when she was in the hospital. Since her return home, he calls her to “check in” and see how she is doing. While their conversations start with a recounting of how Mei is feeling, they generally spend about an hour on the phone talking about other things. When they are together he talks about his family and how he misses seeing his brother who lives in China. In turn Mei talks about her family, who are also in China. When he and Mei are not together, Wang is planning his next visit and deciding what he will wear when he sees Mei again.*

*When one of the registered nurses who works at the clinic notices that Wang has been seeing Mei at her home, she makes a comment about the inappropriateness of his behaviour. Wang immediately becomes defensive and says that he is conducting home visits because Mei has difficulty coming to the clinic. The next time Wang sees Mei he asks her not to tell others about his home visits because other clients may become jealous. He says it will be their ‘little secret’. Mei, who is romantically interested in Wang, agrees to keep the secret and asks if Wang will stay over at her apartment on the weekends.*

### Questions to consider:

- What signs of over-involvement are present in Wang’s relationship with Mei?
- How should he handle this situation?

### Discussion

The signs of over-involvement present in Wang’s relationship with Mei include:

- frequently thinking of Mei in a personal way.
- seeking social contact with her outside of clinical contacts.
- sharing overly personal information with her.
- keeping secrets with Mei.
- responding in a guarded and defensive manner when questioned by other colleagues about the appropriateness of his visits with Mei.
- paying more attention to his personal appearance when he knows we will be visiting her.
- having thoughts or fantasies about becoming personally involved with Mei.
- giving special attention/treatment to her that differs from that given to other clients.

Mei's invitation to Wang to stay overnight is a sure signal that the relationship has changed from a professional to a personal relationship. Wang needs to take a step back and reflect on how this has occurred and to recognize the potential impact of this boundary crossing on Mei. This is an opportune time for Wang to have a frank discussion with Mei. Wang should tell Mei that his actions have been non-professional and that he has permitted his personal feelings for her to cloud his judgment. If they both wish the professional relationship to continue, the home visits, gifts and personal conversations must cease and Wang must continually reflect on his feelings for Mei. If they both want the personal relationship to continue, Wang must cease treatment immediately and ensure that Mei's care is transferred to another NP or a physician. If only Mei wants the personal relationship to continue, then Wang must still cease treatment and ensure that Mei's care is transferred to another NP or a physician.

*"Nurses should be aware that feelings that no other nurse can care for the client or meet the client's needs in the way you can is often a signal that boundary violations have or will occur" (Martsolf, 2002, p.95) .*

*Behaving in this manner can be considered 'you and me against the world' behaviour' "where the nurse views the client in a protective manner or sides with the client's position regardless of that position and its implications" or "Supernurse" behaviour where a nurse believes s/he "is immune from fostering a non-therapeutic relationship and that only s/he can understand and can meet the client's needs (ANMC, 2010, p. 10).*

## Under-Involvement

Therapeutic nurse-client relationships can also be damaged, with serious repercussions for a client's health and well-being, when a nurse is under-involved (e.g., avoids a client).

Avoiding client interactions can occur when a client exhibits undesirable behaviour (e.g., sexual innuendos, being physically aggressive, attempting to touch a nurse, making frequent complaints) or when a client has been hospitalized for an extended period of time.

In cases of avoidance, nurse-client relationships 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 her/him feel uncomfortable (e.g., client exhibiting undesirable behaviours) or bored with a client's care (e.g., when a client has been hospitalized for a long time). When a nurse avoids a client, s/he is putting her/his own needs ahead of the client's. Secondly, avoidance can raise the potential for substandard care (e.g., nurse fails to recognize physical or psychosocial needs that should be addressed). Avoidance can actually lead to neglect, which is a boundary violation.

When a nurse notices that s/he has a tendency to avoid a particular client, chances are that other staff feel the same way. The best way to address these situations is for staff to discuss their feelings and work out a plan of care that will promote the client's interests and needs, while also addressing the concerns of the nurses (CARNA, 2005).

## Scenario under-involvement

*Malaya works as a nurse on a long-term care unit, where high-quality client care is expected by management and staff. It is becoming increasingly difficult for Malaya to maintain high-quality care when working with Mr. Young, a 58-year-old client with multiple health problems, including a stroke, chronic lung disease, and possible brain damage. Mr. Young requires total assistance for all his basic needs, including taking his medications. He is able to drink from a cup independently, but needs help to ensure that he swallows his medications.*

*While providing personal care to Mr. Young, staff have been uncomfortable due to his 'groping'. He often touches them in a sexually embarrassing manner, with his only controllable arm. Staff members are unsure of Mr. Young's cognitive abilities and question his competence. He can communicate his experiences of physical pain and he regularly requests pain medication to keep him comfortable.*

*Malaya is upset by this client's behaviour, and does not know what to do. When pain medication is warranted, she avoids Mr. Young by waiting as long as her conscience will allow. Whenever possible, she passes pain medication requests onto an RN on the next shift so she could avoid the client entirely.*

### Question to consider:

- What should Malaya and her colleagues do to address these situations of under-involvement?

### Discussion

Inappropriate sexual behaviour may be an indicator of undetected physical problems or other medical conditions (Philo, Richie & Kaas; 1996). However, it could also be deliberate and conscious behaviour to take advantage of the nurses involved in his care.

Malaya should seek support and guidance to resolve the problem rather than avoiding the client. Speaking with her colleagues and manager would be an appropriate first step as it is unlikely that she is the only person who has experienced this unwanted touching. Together, the staff should investigate possible reasons for Mr. Young's behaviour and develop an individualized plan of care. It may be that the staff just needs to tell him that his behaviour is inappropriate and ask him to stop. Staff should take the lead in raising these types of issues, as well as reviewing related policies and procedures, to prevent under-involvement and possible neglect of this client's needs.

### Conscientious Objection

In some instances, a nurse may be opposed to certain procedures and practices from a moral perspective and find it difficult to willingly participate in the provision of care. The nurse's right to follow her/his conscience in such situations is called 'conscientious objection' (CNA Code of Ethics, 2008). The Code provides guidance for nurses to address these types of situations and still ensure that the client(s) receive the appropriate care (see Code of Ethics, Appendix D, p. 43-46).

# Discussions and Scenarios - Boundary Crossings or Violations

A nurse's failure to maintain therapeutic relationships with clients may result in ultimate harm to clients, nurses and/or others. Depending on the context, harm can range from embarrassment or humiliation to mental health issues such as depression or even suicide (NCSBN, 2005).

As you proceed through these scenarios and discussion questions, it is important to remember that finding the right or wrong responses may be challenging and difficult. The key is to view individual behaviours from within the context of the Standards and Code of Ethics, and to consider the potential impact on clients and the provision of nursing services. You should also refer back to the decision-making framework on p. 5.

## 1) Establishing Social Relationships with Former Clients

It may be acceptable in some instances for a registered nurse to engage in a social relationship with a former client. For example, it may be appropriate for a nurse to engage in a romantic relationship with a former client when this individual is:

- a fully functional, mature adult, who is not vulnerable
- admitted to the hospital for only a few days and receives only physical care from the nurse in question
- not expecting to ever receive care from this nurse again.

In contrast, it would not be appropriate for a nurse to engage in a romantic relationship with a former client who has a chronic physical or mental health condition and will require ongoing treatment on the unit where the nurse works and where the nurse has been the client's primary nurse. In psychotherapeutic relationships nurses often become significant people in the lives of clients who have mental health issues, and therefore, the nature of the nursing role within the psychiatric setting has within it the potential for role confusion and client harm (Gallop, 1998).

Assessing the risk for harm must take priority when a nurse is thinking about establishing a social relationship with a former client. Nurses in these situations must consider:

- the potential of risk for harm to the former client(s)
- whether they are personally qualified to make this assessment of potential harm
- the legal and ethical implications if a relationship goes terribly wrong
- the effect on therapeutic relationships with other clients if they are aware that nurses maybe available for friendships after hospitalization or after services end
- how safe clients would feel about divulging intimate information if the boundaries between professional and social relationships are blurred.

(based on Gallop, 1998 p. 108)

Factors to consider before establishing a social relationship with a former client:

- amount of time since the professional relationship with the client ended (e.g., days, months, years)
- maturity and vulnerability of the client (e.g., Was the client a fully capable adult when the therapeutic relationship began? Was the client experiencing emotional stress from other aspects of his or her life?)
- nature, intensity and duration of care (e.g., Was the care provided mostly physical or did it involve emotional aspects? Was the care provided in a psychotherapeutic relationship?)
- potential impact on client's well-being (e.g., Would the client trust other healthcare providers or believe that s/he would need to travel elsewhere for treatment if the social relationship ended?)
- likelihood of the client requiring future care from the nurse (e.g., Does the client suffer from a chronic condition or was this a one-time provision of care?)
- degree to which the client has developed an emotional dependency on the nurse.

(NANB, 2000; CRNM, 2007)

If a social relationship begins shortly after a client is discharged or the nurse's services are no longer required, it can be challenging to determine whether the relationship actually began while the client was still receiving care from the nurse. If any aspect of the personal relationship started while the client was hospitalized or receiving care from the nurse, it would be inappropriate for the nurse to continue in the relationship.

Any nurse thinking about engaging in a social or romantic relationship with a former client is advised to seek guidance from the ethics department in their facility or a consultant at the College prior to initiating such a relationship.

*As a new nursing graduate, Julie is pleased with her new employment status. Full-time jobs are scarce for new graduates and this is a good opportunity. Although she enjoys the friendliness and sense of community found in her rural hospital, there is one drawback – she is away from home and misses her friends and family. A few weeks after Julie begins her job on the med-surg floor of County Hospital, she admits a new client, Will, with a diagnosis of appendicitis and diabetes. Like Julie, Will is new to the community.*

*Will recovers quickly from his surgery and his hospitalization is uneventful. He is, however, required to stay six days until his diabetes is stabilized. During his hospitalization, Will enjoys talking with Julie as she goes about his care. Three months after Will's hospitalization, he and Julie meet accidentally at a local dance. They are pleased to see each other and spend the evening together dancing and talking. At the end of the evening, Will asks Julie if he can see her again and invites her out the next week.*

## Scenario

### Questions to consider:

- Would Julie be violating professional boundaries if she accepted the date with Will? Why or why not?
- How long should Julie wait before accepting a date with Will, if at all?
- What factors should Julie consider in making her decision?

### Discussion

Julie isn't sure if there is anything wrong with seeing Will socially. However, she wants to discuss this with someone. She contacts her regulatory body and discusses this situation with a consultant. After reviewing the guidelines on professional relationships, and relationships with former clients, Julie confirms that when Will was hospitalized their relationship was strictly professional. A period of time has elapsed since Will was discharged, ensuring that a personal relationship had not started when he was her client. The discussion in this case mostly centered on the nature, intensity and duration of care and the likelihood of Will requiring future care from Julie. The care Julie provided to Will was focused on his physical issues (i.e., appendectomy surgery and stabilization of his diabetes) and was short-term. There was no expectation that Will would be readmitted to Julie's unit. Based on review of these factors, Julie determines that it is appropriate to see Will in a social relationship. She decides to accept his invitation.



Julie's decision would have been very different if Will's hospitalization had been for a chronic illness or she had counseled him regarding emotional or mental health issues. She would not then have judged the balance of power between them to be equal, and there would have been a strong likelihood of Will requiring further treatment from Julie or other nurses on her unit.

## 2) Social Networking

Social networking sites such as Facebook, LinkedIn, Twitter and blogs are posing new challenges in relation to professional boundaries. Becoming a "friend" on Facebook or another online site means that an individual is actually entering into a social relationship with someone. As noted previously, nurses should not enter into social relationships with clients in their care.

Guseh *et al.* (2009) warn that "online friendships with clients are particularly problematic because they may open the door to interactions (online or in person, romantic or otherwise) that are extraneous" to the therapeutic relationship and "do not prioritize the interests of the client".

Nurses should never send invitations to clients in their care to become online friends. And if a client invites a nurse to become an online friend, the nurse should decline the invitation. If declining the invitation could be hurtful to the client, and damaging to the therapeutic relationship, the nurse should have a discussion with the client, in person, to explain why this relationship could be inappropriate (Guseh *et al.*, 2009). Nurses who find themselves in this predicament and are unsure how to respond to a client should read the College's [Social Media Position Statement](#) and/or contact the ethics department of their facility or call a consultant at the College.

If a nurse is considering becoming an online friend with a former client, the nurse should consider the same factors detailed above about establishing social relationships with former clients. The nurse must also consider confidentiality of their former clients' health information, the depth of the nurses' self-disclosure on the site, and privacy concerns.

It is also important to note that nurses may wish to use online networking sites for professional and personal purposes (e.g., LinkedIn or Twitter). These nurses could have a "professional profile" on a social networking site such as Facebook, and a 'private profile' for social friends only. There are also online community and special interest groups for nurses. To ensure that they do not, intentionally or unintentionally, breach their standards or code, nurses should ALWAYS be cautious about any client or 'work-related' information they post on an online networking system.

*Ivan is a registered nurse working in a cancer treatment clinic in a moderately sized hospital. He prides himself on practising holistically and believes that providing emotional care to clients is very important. His clients appreciate Ivan's attention to their emotional needs and often express a desire to keep in contact with him between treatment visits. Ivan is flattered and derives great satisfaction from feeling that he is providing 'something special' to his clients that he thought other nurses were not providing.*

*To ensure that he doesn't 'let his clients down' Ivan has started inviting his clients to become friends on Facebook. His clients have jumped at the chance to continue their contact with him. Ivan sets his Facebook settings to allow his clients (current and former) to have access to all his information thinking the more they know about him the more comfortable they will be in discussing their problems online.*

## Scenario

### Questions to consider:

- What warning signs of potential boundary issues are present in this situation?
- Is Ivan maintaining a therapeutic relationship with his clients or crossing the line into a personal/social relationship?
- If Ivan believes that his cancer clients would benefit from discussing their emotional issues, what could he do instead of using his personal Facebook page?

### Discussion

Warning signs of potential boundary issues in this situation include, Ivan:

- seeking social contact with clients outside of clinically scheduled times
- sharing overly personal information with clients
- feeling that he personally provides better care for clients than other providers
- providing care in a social rather than a professional setting
- telling clients personal things about himself in order to make an impression.

While Ivan's actions are well-intentioned, he has clearly overstepped the boundaries of a therapeutic relationship with his clients. Ivan has moved into the over-involvement section on the continuum of behaviour in a nurse-client relationship. He has also established a social relationship with his clients. It appears that Ivan is using his Facebook page to fulfill his own needs (i.e., personal satisfaction) at the expense of his clients (breach of fiduciary duty). Ivan is encouraging clients to reveal their medical information in an arena that is anything but confidential. Because of the clients' trust and respect for Ivan, they may do this without being aware of the full implications of their disclosure through this medium. Ivan is also inappropriately volunteering information about himself that should not be disclosed in a professional relationship.

Ivan clearly understands the impact that the diagnosis and treatment of cancer can have on a client's emotional status.

However, more appropriate interventions could include contacting a social worker; suggesting counseling or other resources available to cancer clients, and continuing to spend the time with clients when they are in the clinic. Ivan needs to realize that he cannot address all his clients' needs and that there are other members of the healthcare team who can help provide other aspects of care.

### 3) Self-Disclosure

Self-disclosure is the sharing of personal information to help communicate or improve understanding between people. It is appropriate for a nurse to tell clients general information about their families (e.g., whether they are single or married, or that they have children). A nurse may, however, choose to self-disclose more information if s/he believes that the information will benefit the client therapeutically. For instance, when empathizing with a client, a nurse may believe that self-disclosure would encourage the client to speak about her/his feelings.

This could be done by disclosing that the nurse has been in a situation similar to one that the client is currently experiencing. However, the nurse should not get in the details of her/his own situation and if the nurse has still not truly resolved the situation, it would be best not to speak about it at all.

Some nurses use Facebook or blogs to 'vent', talk about their day's clinical experiences, or post good feelings/outcomes about client care. It is never acceptable for a nurse to post anything that could potentially identify clients online, even if they use a private profile. Breaching client confidentiality is a contravention of the Standards and Code, and could constitute professional misconduct. From a professional standpoint, social media sites are not an appropriate place to vent about clients or one's workplace, and there have been cases of professionals being terminated by their employer for doing so – even when there has not been a breach of confidentiality.

Self-disclosure by a nurse must always be in the best interests of a client. It is never acceptable to self-disclose for the purpose of meeting the nurse's needs.

When the benefit of self-disclosure is unclear, it is best to err on the side of caution and not disclose.

*It was just past shift change and Maria, a staff nurse in Labour and Delivery was transferring her newly assigned client, Betty, to the ante-partum unit. Betty had been admitted earlier that day with vaginal bleeding, ruptured membranes and premature labour. She was 24-weeks pregnant and was fearful that she would lose this pregnancy. It would be her third miscarriage in less than three years. Betty and her husband wanted this baby more than anything else.*

*As Maria helped Betty get settled into her new room she noticed that Betty seemed despondent and inattentive. Maria made a point of sitting down opposite Betty and taking her hand. Maria said to Betty, "You are having a really rough time. I can imagine that you are afraid that you will lose this baby, too. I can appreciate your feelings because I also lost two babies the same way. It was one of the hardest things I ever dealt with."*

## Scenario

### Questions to consider:

- Is Maria's self-disclosure about having two miscarriages appropriate?
- Is this a boundary crossing?

### Discussion

Self-disclosure is appropriate in this situation. Maria's remarks about her own experience are limited and could encourage Betty to talk about her fears. This is a boundary crossing, but it is a brief excursion across the professional boundary that is temporary and focused. It is appropriate for Maria to indicate that she had similar emotions herself, but it would be inappropriate for her to fully discuss her situation with this client.

What happens next, however, is a crucial point in the therapeutic relationship. If the client finds it easier to talk, good nursing care has been given. If the conversation turns back to the nurse, the focus of the boundary crossing has been lost, and the nurse-client relationship is no longer helpful.

*Betty seemed to visibly relax. She turned to Maria and asked, "How did you get through it? I'm afraid that I will never have my own baby. I want this one so much. I'm further along than I ever got before."*

*Maria remembered the pain she experienced a year ago as she recalled the events following her second miscarriage. She said to Betty, "I hope things work out well for you. My husband and I sort of gave up trying. First we talked about adoption but then got discouraged when we found out how long the waiting lists were. So this spring we thought we would give it one more chance..."*

## Discussion

Nurses should “carefully consider their motives for disclosing personal information” (ANMC, 2010 p. 6). When Betty asked Maria how she got through her miscarriages, Maria should have maintained her focus on helping Betty with her problem. She should have responded in a way that let Betty know that she wanted to listen. For example, Maria could have said something like, “*It is really difficult to think you may never be able to have a baby*”. Instead, Maria became caught up in the need to tell her own story, and did not consider its usefulness to the client. She lost her focus and added to the burden of an already overwhelmed, grieving woman. Maria should have focused the conversation on Betty’s fears and helped her find ways to discuss them and deal with them.

For these reasons, the second exchange was inappropriate self-disclosure. Role reversal can result in such situations, where the client sympathizes with or counsels the registered nurse instead of the other way around. In some situations, the client’s concern for a nurse’s problem can even have a negative impact on the client’s mental health.

## 4) Nurses Accepting Gifts

Gift giving is a complex phenomenon, and gifts are given for many reasons. Gift giving can be part of the therapeutic process – clients or their family members may wish to show their gratitude for the care provided by giving a gift to certain nurses or to the whole unit. In those cases, it is acceptable to receive inexpensive gifts such as flowers or chocolates that are *shared with all staff*.

In other instances, clients and families may feel indebted towards healthcare providers and believe they are obligated to give a gift. Clients must never be given the impression that their care is dependent upon donations of any kind. Clients from different cultures may have other reasons for giving gifts. Therefore, sensitivity to cultural practices and beliefs is critical for all health professionals.

Gifts that might be misunderstood by either the nurse or client can be handled with tact and appreciation. For instance, an offer of money to a nurse would not be acceptable. However, clients and families who wish to give thanks in this manner may be encouraged to donate funds to a charity or to the facility. Having an agency policy that forbids gifts of money to staff, but permits donations to the facility or nursing unit, is helpful for nurses as a way of tactfully declining such gifts but still respecting a client’s need to show her/his gratitude.

If a nurse feels pressured or manipulated by the offer of any gift, it may be refused. The underlying reasons for the gift should then be tactfully explored with the client. For example, the client may have other unmet needs or need reassurance that the care will continue without her/him giving a gift. Nurses should use professional judgment when having these types of discussions with clients and should be guided by the *Code of Ethics, Standards of Practice for Registered Nurses*, and specific agency policies.

When agency policies explicitly prohibit gift giving of any kind, nurses may encourage administration to consider mechanisms that would allow for gift giving that would not compromise either the agency or the professionals providing care.

## Scenario

*Edward and Juan are registered nurses working on the dementia floor of a long-term care facility. On rotating shifts, they both take care of Mr. Ward, who is in the late stages of Alzheimer's disease. At Christmas time, Mrs. Ward brings in chocolates for all the nurses on the dementia floor, but also gives Edward and Juan separate envelopes containing tickets for a musical at the local theatre. When some of the other staff members demand that Edward and Juan give the tickets back, others state that because the chocolates were a gift, they should be given back as well.*

### **Questions to consider:**

- Is it appropriate for the staff to accept the chocolates?
- Are Edward and Juan crossing boundaries if they keep the tickets to the musical? If so, how should they handle the situation?
- How could this situation have been avoided?
- Are there instances where it is advisable for a nurse to accept an individual gift?

### **Discussion**

The gift of chocolates to the entire staff could be considered a “token gift” (low monetary value) that is meant to express appreciation for the care they have been providing to Mr. and Mrs. Ward and is, therefore, acceptable.

On the other hand, the tickets to the musical that are given to only two staff members have the potential to compromise the nurses’ professional relationship with Mr. and Mrs. Ward (ANMC, 2010). The client’s wife may have an expectation (unconscious or conscious) of preferential treatment for her husband or Juan and Edward may feel a special obligation to Mr. Ward over others (CNO, 2006). As a result, it would be wise for Edward and Juan to return the tickets to Mrs. Ward. However, both nurses need to consider the impact of returning the gifts on Mr. and Mrs. Ward and should first have a plan of how to approach the conversation. Juan and Edward should discuss the situation with their manager or a College consultant prior to approaching Mrs. Ward. One possibility is to ask Mrs. Ward to return the tickets and, instead, give a donation to the unit or facility or purchase an item that all the staff could use while at work. Another option is to put the tickets in a lottery or a draw for all the staff.

This situation could possibly have been avoided if the unit had a policy about gift giving that was shared with clients and their families upon admission and at specific gift-giving times. If, despite being aware of the policy, Mrs. Ward still gave the gifts to Edward and Juan, they could refer to the policy in their discussions with Mrs. Ward and indicate that they would be in breach of their employer’s policy if they accepted the tickets.

In rare situations where the refusal of a gift would irrevocably harm the nurse-client relationship, nurses should consult with their manager or the College and document the consultation before accepting the gift (CNO, 2006).

However, it is never appropriate for a nurse to accept a gift of large monetary value. It is advisable that the nurses also have discussions with their colleagues about these situations so there are no misunderstandings about why future decisions may be made not to accept gifts of this nature.

## 5) Nurses Giving Gifts

Registered nurses may be tempted to give gifts to their clients and/or the client's family members. For instance, this might occur in long-term facilities where a client and her/his family are estranged or live a considerable distance away or in community settings where the nurse knows that a client is in financial need. In these situations, nurses are generally trying to be kind and 'help' their clients.

However, gift giving by nurses can have negative repercussions on relationships with their clients and other clients. In some instances a client receiving a gift from a nurse may feel indebted to that nurse and believe that s/he must return the favour, even if they do not have the financial ability to do so. In other instances, the client may become confused about the relationship, thinking that it is developing into a friendship or personal relationship. And if other clients become aware that the nurse is giving gifts to some clients, but not to all, the nurse's relationships with those clients can be undermined. As Barbera (2004) warns, "A lack of boundaries can foment jealousies and discord among residents and between staff members."

When thinking about giving gifts to a client, a nurse must consider her/own own reasons for the gift giving and ask her/himself the following questions: Who is really benefiting from this gift giving? Is the sole purpose for therapeutic reasons or is the gift giving more about my own interests – to make me feel good? Will the client feel the need to reciprocate? Will other clients feel less worthy or left out? In most cases, the appropriate action is not to give a gift.

Nurses who want to help in these situations might more appropriately consider options such as giving to charities in their community that will likely benefit the client or putting the client in contact with other relevant resources in the community. In situations where a client is estranged from her/his family, it may be an option to give a 'group' gift from the entire staff and to inform the client that there is no expectation to receive anything in exchange.

*Sandia works at a children's hospital and cares primarily for children with chronic illnesses. One of the children and her family, the Naageshs, recently emigrated to Canada from a town in India where Sandia had relatives. During their chats with Sandia, they talked about how much they missed their home-made Indian meals as they were staying at a local group house for parents of hospitalized children and could not cook. Sandia understood what the Naagesh family was feeling, so one day she cooked an Indian meal and brought it in to the parents.*

*A day later, Ms. Naagesh remarked to other parents staying at the group house how nice Sandia was and raved about the wonderful meal that Sandia had cooked for them. The news about the meal spread throughout the group house and a few parents expressed hurt feelings. They wondered why the Naagesh family had received "special treatment" when they were in similar circumstances – long hospital stays and being away from home (adapted from McKlindon, 1999).*



## Scenario

### Questions to consider:

- What are the potential ramifications of the gift of the home-cooked meal on Sandia's therapeutic relationship with the Naagesh family?
- What are the potential ramifications of this gift on Sandia's therapeutic relationship with the families of other clients?
- What should Sandia do now?

### Discussion

In this situation, Sandia was trying to be kind and 'help' the Naagesh family. She may have had special feelings of attachment to them because they were from the same Indian town as her relatives and because they were recent immigrants. However, her gift giving could have negative repercussions on her relationship with the Naagesh family. This family may:

- feel indebted to Sandia and believe that they must reciprocate even if they do not have the financial or other ability to do so
- become confused about the relationship, thinking it is developing into a friendship or personal relationship
- expect Sandia to give them preferential treatment in other areas.

It appears that there are already some negative ramifications on Sandia's relationship with the families of other children. Parents have expressed hurt feelings and are viewing her behaviour in a negative light as being favoritism for one child and family. Sandia should meet with her manager to discuss how to ensure that the Naagesh family does not misinterpret her gift of food and how to restore any rift in the therapeutic relationship with the parents of her other clients.

## 6) Providing Care Beyond Your Job

In some instances, nurses may be asked or feel obliged to provide care beyond their scheduled hours of work or their contracted scope of practice. This can definitely occur when providing care in clients' homes or in long-term care facilities and can present a dilemma to nurses who want to 'help'. These situations can include staying after-hours to care for a dying client, running errands for clients, or transporting clients to appointments. These situations can be especially challenging when faced with reasonable requests from people who are legitimately in need of help (Barbera, 2004). Before making decisions in these types of situations, nurses should fully consider the potential impact on their therapeutic relationships.

If the nurse agrees to help in these types of situations, potential problems can arise on two levels:

- the nurse begins to feel burned out, resentful or taken advantage of
- the client or family member starts expecting the extra assistance all the time or from all other nurses (Barbera, 2004).

Feeling resentful or burned out can lead to under-involvement on the part of the nurse. If the client's or family members' expectations are not being met, feelings of anger, disappointment or confusion may arise towards the nurse (Durkin, 2000). If other nurses do not agree to provide the additional care, the client or family members may become resentful to the other nurses. While the nurse's intentions were good to start with, the result may be a rift in the therapeutic relationship with the client and family and could potentially lead to emotional harm

*Pamela is a registered nurse who works in palliative home care. She has been caring for Mr. Smith, who is terminally ill with cancer, for two months. Over this time, Pamela has visited the Smith family often. Initial visits were twice weekly. However, the home care visits became daily as Mr. Smith's condition deteriorated. During this time, Pamela has developed a close working relationship with the Smith family.*

*The Smith family is close-knit and supportive. The family's three children live in a nearby city and visit once or twice a week. Mrs. Smith is caring for her husband with some assistance from home care aides. Mr. Smith wants to stay at home to die, and Mrs. Smith very much wants that to be possible. However, Mrs. Smith is afraid of being alone with her husband when he dies, and the children can't stay with her all the time.*

*Pamela has been trying to get extra support for the Smith family, requesting more frequent home care visits and the provision of 24-hour care when Mr. Smith's death appears imminent. However, the supervisor indicates that there just are not sufficient funds to provide that level of care to Mr. Smith. Pamela is told that if Mr. Smith requires 24-hour care, he should enter the hospital.*

*Over the last two days, Mr. Smith's condition has greatly deteriorated. When Pamela suggests hospitalization, both he and Mrs. Smith refuse. Mrs. Smith asks if Pamela would just stay the night with her in case her husband should die.*

## Scenario

### Questions to consider:

- What should Pamela consider in deciding whether to stay that night?
- What are the possible benefits of staying with Mrs. Smith as requested- for the Smith's; for Pamela?
- What negative impact could the decision to stay overnight have on the therapeutic relationship Pamela has with the Smith's?
- Are there other options that Pamela could explore with the Smith family?

### Discussion

It is evident that there are several factors Pamela needs to consider making her decision. No one is 'in the wrong' in this situation. The family's needs are important, and so are those of the nurse. The family would obviously benefit emotionally and financially as Mrs. Smith will have a registered nurse (whom they do not have to pay) with her. Pamela may benefit either positively from providing good care to a client and family in need or from the absence of guilt she might have experienced if she did not stay.

If Mr. Smith does not pass away during the night that Pamela stays, her decision can have repercussions on her therapeutic relationship with the Smith's, and on their relationship with other nurses. If Pamela donates increasing amounts of personal time and energy, over time this may result in her decreased ability to provide needed care to Mr. Smith. Pamela may become resentful but find it difficult to stop providing the extra care. If Pamela stops providing the extra care, the client or family may then feel angry or disappointed with Pamela.

It is also possible that Pamela's extra care for this family will impact negatively on her care for other clients, particularly if she becomes tired or stressed because of the situation.

It is also possible that the client or family members may start expecting extra assistance from other nurses. If the other nurses do not agree to provide the additional care, the client or family members may become resentful toward them. The provision of extra care, outside contracted services, could be considered a 'gift' and, therefore, some of the same factors mentioned in a previous scenario (p. 20 ) could be considered. As in gift giving situations, while the nurse's intentions may have been admirable to start with, the result may be a rift in the therapeutic relationship with the client and actually lead to emotional harm for the client.

Pamela should also consider if there are any potential liability issues by providing care outside of her scope of employment. To help in this area, she should consult with the Canadian Nurses Protective Society (CNPS).

Instead of providing extra care outside of her scope of employment, Pamela could help the Smith family by looking into other resources that might be available to help them. She could check with her supervisor for options that other families have used or sit down with the family to help set up a schedule using the family members, friends or others such as clergy who might be available. In future cases, Pamela should inform her clients early in the process of what she is and is not able to do.

## 7) Providing Care to Family and Friends (dual relationships)

A dual relationship exists when a nurse has a separate relationship with someone other than the person to whom they are providing care. This separate relationship could be a family member, neighbour, friend, business associate, teacher or sexual partner (ANMC, background paper).

In many rural areas with small populations, it is very difficult for registered nurses to avoid caring for family, friends or acquaintances. When it comes to friends, nurses have to distinguish between 'being friendly' and 'being friends'. Clear boundaries must be established to identify when a nurse is acting in a professional or personal role. "By establishing these boundaries, nurses protect the confidentiality of the person in their care and they protect their own personal integrity" (ANMC, 2010 p. 26).

Ideally, a nurse would avoid providing care to family and friends, however, when this is impossible to avoid there are key points that need to be taken into consideration:

- Can the nurse remain objective in assessing the client and providing the necessary care?
- Can the nurse separate her/his professional relationship with the client from her/his personal relationship?
- Can the client separate the nurse's professional relationship from her/his personal relationship?
- Does the nurse's personal relationship with the client have an impact on her/his ability to provide care?

Answers to these questions should give an indication as to whether the nurse can effectively separate her/his roles and provide professional care to the client. If, after answering the questions, the nurse doubts her/his ability to separate these roles it would probably be wise to seek another nurse to provide care.

If there is no other nurse available to provide care, the nurse has a responsibility to acknowledge that there is an inherent conflict of interest and to resolve the situation in the interests of the client (CNA, 2008). The nurse should discuss the situation with the client and assure the client that the relationship will be professional and her/his confidentiality will be maintained. The nurse should also dispel any expectations of favoritism by informing the client that the situation is occurring only because there is no other nurse available.

*Yvette provides home care to clients who live in her town and the surrounding area. One day she is assigned to care for a diabetic man who requires daily dressing changes to his leg and occasional blood sugar monitoring. The man turns out to be her favourite uncle, Richard. Richard has had problems managing his blood sugar levels over the years. Some of his problems stem from his failure to stay on the recommended diet and continued use of alcohol.*

*When Yvette goes to visit her uncle, he is thrilled that she will be doing his dressing changes. He remarks that he can't "get in trouble" now since Yvette is a relative and she would "look the other way" if he didn't follow his diet properly. Uncle Richard reminds her of all the fun things they did together when she was a child and calls her by his pet name 'Snuggles'. When Yvette attempts to maintain a professional tone with her uncle, he just rubs her head and says, "You will always be my little Snuggles".*

## Scenario

### Questions to consider:

- What factors in this situation have an impact on the therapeutic relationship Yvette should have with her client, her uncle?
- What should Yvette do?

### Discussion:

It appears from this situation that Uncle Richard is not interacting with Yvette as a registered nurse. He is treating her as a young girl, and Yvette is having difficulty maintaining a professional relationship with him. He also hopes that she will give him preferential treatment and not emphasize the need for him to follow his diabetic diet. Yvette may also be pressured to spend more time with her uncle than normally allotted for such visits. Furthermore, because of her personal feelings toward her uncle, Yvette will likely have difficulty in maintaining objectivity in her professional relationship with him.

Optimally, Yvette should have requested that another nurse take her uncle as a client before she went to see him. Now that she has made contact with Uncle Richard, she should ask to switch assignments with another nurse. She will have to have a discussion with Uncle Richard and explain why it isn't appropriate for her to continue to provide care to him.

## Addressing Boundary Crossings or Violations

The following section provides a course of action to address situations in which a nurse believes that:

1. s/he may be crossing or violating boundaries
2. a colleague may be crossing or violating boundaries.

**Situation:** I am involved in a situation in which I believe I may be crossing or violating professional boundaries.

Nurses provide care directed first and foremost towards the health and well-being of the person, family or community in their care (CNA, 2008). Your primary concern must always be the welfare of your clients. Regardless of your own apprehensions, you must act to restore the best interests of your client.

Start by reviewing the differences between social and professional relationships (p. 5) and the warning signs of potential professional boundary crossings/violations on p. 9. Then consider your relationship with your client(s) from three perspectives: yours, your client's, and a neutral observer's (CPSO, 2004).

**Your perspective:** Be clear about your own needs and experiences in your nurse-client relationship. What benefits (besides professional satisfaction) are you receiving? What personal needs of yours are being met?

**Client's perspective:** Try to understand how the client perceives your behaviour. What would be the impact on the client if you were to stop providing care and someone else, equally competent, took over? Do you think the client is emotionally invested in you? Or, if under-involvement is an issue, would the client receive better care from someone else?

**Neutral observer's perspective:** Step back from nurse-client relationship and try to understand what an outsider would see when looking at the relationship. Try to be completely objective. If maintaining complete objectivity is not possible, consider thinking of your behaviour and actions as if someone else, a colleague perhaps, was acting in this same manner. Would the actions and behaviours be considered appropriate? (CPSO, 2004)

If you recognize that your behaviour is jeopardizing professional boundaries, or if you are still unsure, you must determine how to resolve the situation. Bearing in mind that your primary consideration must always be the welfare of your client(s), the following steps may be helpful:

- Discuss the situation with a trusted colleague, your manager, and/or a consultant at the College.
- Refer to the *Decision-Making Framework for Appropriate Professional Behaviour* (p. 5), along with the *Code of Ethics for Registered Nurses* and *Standards of Practice for Registered Nurses*, to determine if your behaviour is inappropriate or could be construed as professional misconduct.
- Contact the Canadian Nurses Protective Society for confidential legal advice.
- If you decide to withdraw from a nurse-client relationship, make sure that arrangements are made for the provision of care for your client, and that the client understands why you are withdrawing.
- If you decide to continue in a nurse-client relationship, ensure that appropriate boundaries are established and maintained, and that the client understand the reasons for any necessary change in the relationship.

## Situation: My colleague/manager is involved in a situation that I believe violates professional boundaries.

Although nurses may be reluctant to get involved in a situation involving a colleague, especially someone they have worked with for many years, not getting involved may be detrimental to a client. Registered nurses are ethically and legally bound to intervene in situations where a client's interests are at risk, as is noted in the following sections of the *Code of Ethics*, the *Standards of Practice for Registered Nursing*, and the *Registered Nurses Act*:

- “Nurses question and intervene to address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care to those to whom they are providing care, and they support those who do the same.” (CNA, 2008, p.9)
- “Nurses intervene, and report when necessary, when others fail to respect the dignity of a person receiving care, recognizing that to be silent and passive is to condone the behaviour.” (CNA, 2008, p.13)
- “Each registered nurse takes appropriate action in situations where client safety and well-being is potentially or actually compromised.” (CRNNS, Standard 1.8)
- “A member has a duty to report to the Executive Director (of the College) if s/he has reasonable grounds to believe that another member has engaged in professional misconduct ...or conduct unbecoming the profession. (RN Act, s. 73)

While it is critical that nurses obtain all the facts surrounding a situation before deciding on an appropriate course of action, it is also imperative to remember that relationships within the healthcare team not be disrupted needlessly while deciding on a course of action. And in situations where there is a potential for immediate harm to the client, nurses are obligated to take action and contact their manager or the College without delay.

The following steps may help in your deliberations:

- Start by reviewing the differences between social and professional relationships and the warning signs of potential professional boundary crossings/violations.
- Refer to the *Decision-Making Framework for Appropriate Professional Behaviour* (on p. 5), along with the *Code of Ethics for Registered Nurses* and *Standards of Practice for Registered Nurses*.
- Review any applicable agency policies.
- Have a direct discussion with your colleague/manager. The discussion should be non-confrontational and centre on your concern for clients as well as any nursing colleagues involved. Identify any warning signs that you believe are present, and point out the impact (real or potential) of the nurse's/manager's behaviour. Explain your reasons for concern, and stick to observable facts and their relationship to client care. Inform your colleague/manager of your responsibility to respond to and report situations that may be adverse for clients.
- If your discussion with a colleague confirms your concerns, and you continue to believe the situation violates professional boundaries, make it clear that you expect the situation to be resolved within a defined timeframe. Also, stress that if the situation is not resolved within that timeframe, you will take your concerns to the unit manager\*.
- If appropriate, offer assistance to your colleague. A College consultant can provide guidance on how to proceed in such a situation.
- If, for any reason, you are unable to discuss the situation with the nurse directly, the next best step would be to speak with your immediate manager. Provide the manager with the same information that you would have provided to your colleague. Always be certain to follow appropriate agency mechanisms for reporting such incidents.
- If the situation is not adequately resolved following discussions with your colleague, report the matter to your manager. If the manager does not take action, take further action yourself. Call a College consultant for further guidance.



- If the situation still remains uncorrected, your professional responsibility would be to identify your concerns to the College. Through a consultation with the College, you will be able to determine if a written complaint about the nurse's conduct would be appropriate or warranted.

\* In the event that your concern is about the behaviour of your manager, follow the same steps outlined above with the exception that you would consult with the individual at the next level of authority within your practice setting.

Regardless of who is involved in a professional boundary violation, registered nurses are always responsible to act in the best interests of their clients. Assistance and support in addressing boundary issues can be accessed through the College.

## Conclusion

Nurse-client relationships should always be considered as therapeutic or helping relationships. As defined by the College, a therapeutic relationship is a purposeful, goal-directed relationship between a nurse and a client that is directed at advancing the best interests of and outcomes for the client.

To preserve the dignity, autonomy and privacy of clients within therapeutic relationships, as well as clients' trust in and respect for their healthcare providers, registered nurses and nurse practitioners need to be familiar with and adhere to professional boundaries.

By acting in the best interests of clients, nurses in therapeutic relationships avoid personal gain at the expense of the client (NCSBN, 2007). Martsolf (2002) adds: "One of the most helpful methods to ensure boundary maintenance is to develop clear planned goals and desired outcomes of care. When nurses keep themselves and their clients focused on these goals and engage in behaviours that are directed towards attainment of outcomes, boundary violations are less likely to occur".

Some boundary crossings/violations arise from a nurse's desire to provide help to clients outside of their contracted services. Registered nurses need to acknowledge they cannot be 'all things to all people' and that other healthcare providers, agencies, and support people can provide needed assistance. Nurses should be aware of the 'supernurse' syndrome and the potential unintended impact on clients of trying to be of assistance in all situations.

Other boundary crossings/violations may arise when nurses are not attuned to their own feelings towards a client and how those feelings impact on the provision of care. Being reflective about one's practice, being aware of the warning signs and listening when others raise concerns will prevent nurses from straying outside the zone of therapeutic integrity.

Registered nurses can gain better understanding, recognition, and respect for professional boundaries by talking with colleagues, the College, and most importantly, the public they serve. Discussing professional boundary issues openly and listening to concerns raised by others demonstrates accountability and responsibility for one's professional nursing practice.

# Operational Definitions

**Abuse:** the misuse of power or a betrayal of trust, respect, or intimacy between the nurse and the client which the nurse knows may cause, or be reasonably expected to cause, physical or emotional harm to a client (CNO, 1994).

**Accountability:** an obligation to accept responsibility or to account for one's actions to achieve desired outcomes. Accountability resides in a role and can never be delegated away. Accountability is always about outcomes, not processes, which are simply the means through which outcomes are (Porter –O'Grady & Wilson, 1995).

**Boundary crossing:** an action or behaviour that deviates from an established boundary in the nurse-client relationship. Such actions/behaviours may be acceptable in the context of meeting the client's therapeutic needs; even where the action or behaviour appears appropriate, it is not acceptable when it benefits the nurse at the expense of the client.

**Boundary violation:** actions or behaviours by a professional which use the relationship with the client to meet a personal need of the professional at the expense of the client

**Client(s):** the recipient(s) of nursing services. This term encompasses individuals, groups, families, populations and or communities (CRNNS, 2004).

**Double-bind:** created for a client when their situation is compromised both by continuing and discontinuing a relationship with a professional

**Emotional abuse:** verbal and non-verbal behaviours that demonstrate disrespect for the client and that are reasonably perceived by clients, nurses, or others to be emotionally harmful. Such behaviours include sarcasm, intimidation, teasing or taunting, retaliation, manipulation, inappropriate posturing or gestures, threatening, blaming, and disregard for clients modesty (CARNA, 2005).

**Ethical violation:** involves actions or failures to act that breach fundamental duties to the persons receiving care or two other colleagues and others (CNA , 2008).

**Fiduciary duty:** putting aside one's own needs and acting in the best interest of the client, therefore avoiding any conflict of interest (Gallop, 1998 p.106).

**Financial abuse:** actions taken with or without the informed consent of the client that result in monetary, personal, or other material benefit, gain, or profit to the nurse, or in monetary or personal material loss for the client (CARNA, 2005).

**Intimacy:** meaningful knowledge and understanding of another based on a relationship of trust; in the nurse-client relationship, intimacy is therapeutic, time-limited, and client-focused

**Neglect:** occurs when nurses fail to meet the basic needs of clients who are unable to meet their own needs. Such behaviors include, but are not limited to deliberate withholding of basic necessities or care, such as clothing, food, fluid, needed aids of equipment, and medication. Neglect also occurs through inappropriate activities such as withholding communication, confining, isolating or ignoring the client, denying the client care, or denying the client privileges (CARNA, 2005; CNO, 2006).

**Non-professional relationship:** a social relationship established and maintained by two parties that serves the interests of both parties, for the purpose of mutual interests and pleasure.

**Non-therapeutic relationship:** a relationship that is not established or maintained to provide professional care.

**Nurse-client relationship:** a relationship established and maintained by the nurse through therapeutic interactions which enable the nurse to provide safe, competent, ethical nursing care

**Physical abuse:** touching or exhibiting behaviours towards clients of a nature that may reasonably be perceived by clients, nurses, or others to be violent, threatening or to inflict harm. Inappropriate behaviors include actions like hitting, scratching, pushing, kicking, using force, biting, pinching, slapping, shaking, and or handling a client and a rough manner (CARNA, 2005).

**Power:** the capacity to possess knowledge, to act, and to influence events based on one's abilities, well being, education, authority, place, or other personal attributes and privileges.

**Professional boundaries:** lines which separate therapeutic behaviour of a professional from behaviour which, whether well intentioned or not, could detract from achievable health outcomes for clients and clients receiving nursing care.

**Respect:** regard for persons as a fellow human beings with legitimate needs, wishes, and beliefs.

**Sexual abuse:** touching in a manner that may be reasonably perceived by clients, nurses, or others to be sexually or otherwise demeaning, seductive, suggestive, exploitative, derogatory, or humiliating and touching of an abusive nature. It also includes initiating, encouraging, or engaging in sexual intercourse or other forms of sexual physical contact with clients (CARNA, 2005).

**Standards for nursing practice:** statements which describe the minimal professional practice expectations for any registered nurse in any setting or role (CRNNS, 2012).

**Therapeutic relationship:** a purposeful, goal-directed relationship between nurse and clients that is directed at advancing the best interest and outcome of the clients. The therapeutic relationship is central to all nursing practice and is grounded in an interpersonal process that occurs between the nurse and client(s) (CRNNS, 2004).

**Trust:** the faith placed in another based on one's perceptions of their knowledge, skills, and attributes.

**Verbal abuse:** communications that may reasonably be perceived to demonstrate disrespect for the client and which is perceived by others to be demeaning, seductive, exploitative, insulting, derogatory or humiliating (CARNA, 2005).

## References

- Austin, W., & Bergum, V. (2006). A re-visioning of boundaries in professional helping relationships: Exploring other metaphors. *Ethics & Behaviour*, 16(2), 77.
- Australian Nursing and Midwifery Council. (2010). *A nurse's guide to professional boundaries*. Dickson, Australia: Author.
- Avis, W. S., Drysdale, P.D., Gregg, R. J., Neufeldt, V. E., & Scargill, M. H. (Eds.). (1983). *Gage Canadian Dictionary*. Toronto, ON: Canada Publishing Corporation: Gage Educational Publishing Company.
- Barbera, E.F. (2004, March). Setting boundaries with residents: Becoming close to residents, but not too close, takes wisdom. *Nursing Homes Magazine*. Retrieved from [http://www.thefreelibrary.com/\\_/print/PrintArticle.aspx?id=115227986](http://www.thefreelibrary.com/_/print/PrintArticle.aspx?id=115227986)
- British Columbia Rehabilitation Society. (1992). *Boundaries*. Presented at a workshop. Vancouver, BC: (now known as the Vancouver Hospital and Health Science Centre).
- Canadian Mental Health Association. (1992). *Sexual exploitation and abuse by mental health service providers*. Toronto, ON: Author.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- College and Association of Registered Nurse of Alberta. (2005). *Professional boundaries for registered nurses: Guidelines for the nurse-client relationship*. Edmonton, AB: Author.
- College and Association of Registered Nurse of Alberta. (2005). *Professional boundaries: A discussion guide and teaching tool*. Edmonton, AB: Author.
- College of Nurses of Ontario. (2006). *Therapeutic nurse-client relationship*. Toronto, ON: Author.
- College of Physicians and Surgeons of Ontario. (2004, September/October). *Maintaining boundaries with clients*. Retrieved from <http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/members/membersresources/Maintaining%20Boundaries.pdf>
- College of Physicians and Surgeons of Ontario. (2008). *Maintaining appropriate boundaries and preventing sexual abuse*. Retrieved from <http://www.cpso.on.ca/policies/policies/default.aspx?id=1604>.
- College of Physiotherapists of Ontario.(2005). *Guide to the standard for establishing and maintaining therapeutic relationships*. Toronto, ON: Author.
- College of Registered Nurses of British Columbia.(2006). *Nurse-client relationships (practice standard)*. Vancouver, BC: Author.
- College of Registered Nurses of Manitoba. (2001). *Professional boundaries for therapeutic relationships (nursing practice expectations)*. Winnipeg, MB: Author.
- College of Registered Nurses of Nova Scotia. (2011). *Standards of practice for registered nurses*. Halifax, NS: Author.

- Coltrane, F., & Pugh, C. (1978). Danger signals in staff/client relationships. *Journal of Psychiatric Nursing & Mental Health Services*, 16(6), 34-36.
- Durkin, N. (2000, July/August). The importance of setting boundaries in home care and hospice nursing. *Home Healthcare Nurse*, 18(7), 478-481.
- Gallop, R. (1998, August). Post-discharge social contact: A potential area for boundary violation. *Journal of the American Psychiatric Nurses Association*, 4(4), 105-110.
- Guseh, J.S., Brendel R.W., & Brendel, D.H. (2009). Medical professionalism in the age of online social networking. *Journal of Medical Ethics*, 35, 584-586.
- Martsof, D.S. (2002, November/December). Codependency, boundaries, and professional nurse caring: Understanding similarities and differences in nursing practice. *Orthopaedic Nursing*, 1(6), 61-67.
- Mayerhoff, M. (1971). *On caring*. New York: Harper & Row.
- McKlindon, D., & Barnsteiner, J.H. (1999). Therapeutics relationships: Evolution of the children's hospital of Philadelphia model. *The American Journal of Maternal/Child Nursing*, 24(5), 237.
- Milgrom, J. (1992). *Boundaries in professional relationships: a training manual*. Minneapolis, Minnesota: Walk-In Counseling Centre.
- National Council of State Boards of Nursing.(2007). *Professional Boundaries: A nurse's guide to the importance of appropriate professional boundaries*. Retrieved from [https://www.ncsbn.org/Professional\\_Boundaries\\_2007\\_Web.pdf](https://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf)
- National Council of State Boards of Nursing .(2005). *Respecting professional boundaries CE course*. Retrieved from <http://learningext.com/hives/03fbf38973/summary>
- Nurses Association of New Brunswick.(2000). *Standard for therapeutic nurse-client relationship*. Fredericton, NB: Author.
- Peternelj-Taylor, C. (2002, April). *Professional boundaries: A matter of therapeutic integrity*. *Journal of Psychosocial Nursing and Mental Health Services*, 40(4), 22-28.
- Registered Nurses Act*, c. 21. (2006). Statutes of Nova Scotia. Halifax, NS: Government of Nova Scotia.
- Registered Nurses Regulations*. (2009). Made under Section 8 of the Registered Nurses Act, c. 21, 2006. Halifax, NS: Government of Nova Scotia.

# Appendix A: Competencies, Standards, and Ethical Obligations

Sections of the College's Entry-Level Competencies, Standards, and Code of Ethics that relate specifically to professional boundaries in nurse-client relationships:

## **Entry-Level Competency #92**

The registered nurse establishes and maintains appropriate professional boundaries with clients and other healthcare team members, including the distinction between social interaction and therapeutic relationships.

### **Standard 3.1**

Establishing, maintaining and appropriately ending professional, therapeutic relationships with clients and their families.

### **Standard 3.2**

Maintaining appropriate boundaries within professional and therapeutic relationships with clients and taking appropriate actions when those boundaries are not maintained.

### **Standard 5.3**

Each registered nurse recognizes and addresses violations of practice, legal, and ethical obligations by self or others in a timely and appropriate manner.

## **Code of Ethics: Promoting and Respecting Informed Decision Making**

#5: Nurses are sensitive to the inherent power differentials between care providers and those receiving care. They do not misuse that power to influence decision making.

## **Code of Ethics: Preserving Dignity**

# 7: Nurses maintain appropriate professional boundaries and ensure their relationships are always for the benefit of the persons they serve. They recognize the potential vulnerability of persons 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 in their care.

## **Code of Ethics: Being Accountable**

#8: Nurses identify and address conflicts of interest. They disclose actual or potential conflicts of interest that arise in their professional roles and relationships, and resolve them in the interest of persons receiving care.



# Appendix B: Legal Duty to Report Abuse

(excerpts from provincial acts)

## ***The Protection of Persons in Care Act***

5 (1) A service provider who has a reasonable basis to believe that a client or resident is, or is likely to be, abused shall promptly report the belief, and the information on which it is based, to the Minister or the Minister's delegate.

## ***Adult Protection Act***

5 (1) Every person who has information, whether or not it is confidential or privileged, indicating that an adult is in need of protection shall report that information to the Minister [of Community Services.]

## ***Child and Family Services Act***

23 (1) Every person who has information, whether or not it is confidential or privileged, indicating that a child is in need of protective services shall forthwith report that information to an agency.

