



STANDARD FOR  
THE THERAPEUTIC  
NURSE-CLIENT  
RELATIONSHIP

NURSES ASSOCIATION  
OF NEW BRUNSWICK



## **OUR MISSION**

*The Nurses Association of New Brunswick is a professional organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.*

The Nurses Association of New Brunswick endorses the principles of self-regulation, that is, promoting good practice, preventing poor practice and intervening when practice is unacceptable.

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## P U R P O S E

This document, *Standard for the Therapeutic Nurse-Client Relationship*, is designed to promote and guide professional nursing practice by providing nurses with the tools they need to establish and maintain appropriate boundaries in their professional relationships. *The Standards for Nursing Practice* (NANB, 1998) state: each nurse "ensures that the nurse-client relationship is a therapeutic relationship" and "maintains appropriate boundaries in all interactions with clients at all times" (p. 8). This document is a further elaboration of standards related to the therapeutic nurse-client relationship.

In any nurse-client relationship, it is the responsibility of the nurse to establish and maintain appropriate boundaries. Maintaining professional boundaries is an essential component in the provision of safe, competent and ethical nursing care. Violating professional boundaries is harmful to the client and the nurse-client relationship.

Professional boundaries are the defining lines which separate the therapeutic behaviour of a registered nurse from any behaviour which, well intentioned or not, could reduce the benefit of nursing care to clients.

## INTRODUCTION

"The essence of professional nursing is the therapeutic relationship with the patient" (McCormack, 1997). It is the nurse's professional responsibility to understand the dynamics of the therapeutic relationship, to establish the relationship and to maintain the relationship within therapeutic boundaries. Nurses must understand the difference between a therapeutic relationship and a social or personal relationship. Nurses must exercise professional judgement when establishing a therapeutic relationship with the client, taking into consideration the client's cultural, spiritual, mental and biophysical needs.

This document provides clarity and direction about how to:

- establish therapeutic nurse-client relationships,
- set or define the limits of the relationship and maintain appropriate boundaries,
- recognize when a nurse-client relationship may be going beyond therapeutic boundaries and therefore becoming an unacceptable or inappropriate relationship,
- identify unacceptable and/or abusive situations in own practice or the practice of colleagues,
- deal effectively with unacceptable and/or abusive behaviour in nurse-client relationships, and
- develop strategies to terminate the nurse-client relationship in a therapeutic manner.

These guidelines apply to nurses working with any client. For example, when the client is a community, nurses need to consider how aspects of the guidelines apply. The examples in this document are based on actual situations, although the names have been changed.

## 1.0 COMPONENTS OF THE NURSE-CLIENT RELATIONSHIP

The components of the nurse-client relationship, power, trust, respect, and intimacy, are present whenever the nurse is providing nursing services. The nurse-client relationship is therapeutic; it is based on trust, respect and intimacy with the client and requires the appropriate use of power.

### Components

- **Power:** The therapeutic nurse-client relationship is one of unequal power. Although nurses may not perceive themselves as having power in the relationship, nurses have more power than the client. The power of the nurse comes from the authority of own position in the health care system, specialized knowledge, influence with other health care providers and the client's significant others, and access to privileged information. In any professional-client relationship, there is an imbalance of power in favour of the professional, and is reinforced in health care services by the inherent vulnerability of a client needing care.
- **Trust:** Clients expect the nurse to have the necessary knowledge and skills and to demonstrate caring attitudes and behaviours, and so entrust their care to the nurse. Trust is critical, as the client is in a vulnerable position in the relationship. Part of trust is keeping promises to clients. If trust is breached, then it becomes very difficult to re-establish it.
- **Respect:** Respect for the dignity and worth of the client is fundamental to the relationship. The nurse needs to know and understand the culture and other aspects of the client's individuality and to take these into account when providing care. Part of respect is being non-judgmental of the client, and seeking to discover the meaning behind certain of the client's behaviours.
- **Intimacy:** This does not refer to sexual intimacy. Intimacy relates to the kinds of activities nurses perform for and with the client which create personal and private closeness on many levels. This can involve physical, emotional and spiritual elements.

## 2.0 PRINCIPLES UNDERLYING PROFESSIONAL PRACTICE

A nurse is expected to be competent and to have the professional attributes required to manage a therapeutic relationship. The nurse-client relationship is established and maintained by the nurse through the use of professional nursing knowledge and skill, and caring attitudes and behaviours.

The following are the underlying principles of professional practice:

- (1) The nurse functions within the standards for nursing practice.
- (2) The nurse knows the requirements of and recognizes own accountability for maintaining professional behaviour. It is the responsibility of the nurse to set and maintain the appropriate boundaries for the duration of the relationship regardless of the wishes of a client or the setting in which the relationship occurs. Nurses are responsible for the outcomes of their actions in the nurse-client relationship, including outcomes that may have been unintended, but should have been foreseen.
- (3) Although both the nurse and the client have needs, the therapeutic nurse-client relationship is developed for the purpose of promoting client health and well-being and not to meet the needs of the nurse.
- (4) The nurse respects the individual characteristics of the client such as cultural and social identity, appearance, sexual orientation and religious affiliation, and recognizes the impact that these have on both the nurse-client relationship and the health of the client.
- (5) Nurses recognize when they do not possess the necessary knowledge or skills to manage the therapeutic nurse-client relationship and seek information and assistance from other members of the health team or elsewhere.
- (6) It is recognized that some client's behaviour can be abusive to nurses. It is the nurse's responsibility to understand the meaning behind the abusive behaviour and to work with the health team to develop strategies to meet the client's needs. The nurse seeks help and guidance when dealing with challenging clients.

It is not the intent of this document to address the issue of nurse abuse. There are other initiatives that address this serious and complex issue. Rather, this document presents standards for professional behaviour that will assist nurses in dealing with the abuse of clients by nurses. In no circumstances is nurse abuse a justification for abuse of clients. For more information on the issue of nurse abuse in the work setting, contact a nursing practice consultant at NANB.

### 3.0 HOW TO ESTABLISH THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

Central to the establishment of the therapeutic nurse-client relationship is the nurse's ability to use a wide range of communication strategies and effective interpersonal skills. Effective communication is an essential factor in creating and maintaining a successful relationship.

Regardless of the setting and the length of interaction, the nurse acts in therapeutic ways to manage the boundaries of the relationship. This involves:

- introducing self to the client and addressing the client by preferred name and/or title;
- listening to the client without immediately giving advice or diminishing the client's feelings (The nurse listens to, understands and respects the client's values, opinions, needs, and ethno-cultural beliefs. These latter elements are integrated into the care plan, with the client's assistance. The nurse listens to the concerns of the family and significant others about the client and acts on those concerns as appropriate.);
- identifying the goals and wishes of the client and incorporating them into the plan of care;
- giving the client time and opportunity to explain self and to ask questions;
- exploring unusual comments, attitudes or behaviours of clients to discover the underlying meaning;
- showing a genuine interest in, and compassion for, the client;
- providing information to promote client choice and to enable the client to make informed decisions;
- helping clients find the best possible solution for themselves, given their personal values, beliefs, and different decision making styles (The nurse discusses the client's beliefs and wishes with them and encourages them to advocate on their own behalf or advocates for them.); and
- discussing the boundaries of confidentiality with the client including the nurse's legal responsibilities.

## 4.0 MANAGING THE BOUNDARIES OF THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

The nurse is responsible for establishing and maintaining the boundaries of the nurse-client relationship. There are a number of concepts that nurses need to understand and strategies they can apply to effectively manage the limits or boundaries in the therapeutic nurse-client relationship.

### 4.1 The Nurse Engages in Reflective Practice/Self-Awareness

To achieve an effective relationship with a client, the nurse continuously reflects on own interactions with clients (Paavillainen and Astedt-Kurki, 1997) and on own personal needs, wishes, feelings, fears, strengths and weaknesses, which can interfere with understanding and providing care to the client. For example, an angry client can trigger an angry response from a nurse who is unaware of a personal need for approval from clients. Nurses own cultural biases, if they are not aware of them, can negatively affect the relationship.

All the attributes of the nurse, including age, gender, past experiences, strengths and weaknesses impact on the interaction the nurse has with the client. Through reflection, the nurse can understand and learn how own individual attributes can affect the relationship. Nurses also reflect on own interactions with clients to understand why they acted or responded the way they did (Smyth, 1996, p.936). The nurse's responses to the client should always be in the best interests of the client, meaning that they promote the client's well-being. At times, a nurse may need to seek help from others to assist in reflection on own practice.

#### Example

As a nurse, Sophie values self-care and independence. She is teaching an elderly man to perform his own dialysis. Sophie develops the teaching plan, makes time for extra sessions and is very firm with the client. He is quite reluctant to learn, but Sophie persists in following the teaching plan that she has developed. She is sure that with a little more effort he can learn to manage his dialysis independently.

The client and his family believe, along with others of their culture, that when someone is ill the family provides the care. Unaware of these values, Sophie observes that the client and his family are becoming uncooperative and even at times hostile towards her. She responds by making some angry comments about uncooperative clients.

#### Discussion

The nurse's own values are interfering with a good outcome for this client. The nurse collaborates with the client to find a solution. Sophie would learn that it is her values and beliefs about client self-care and independence that have contributed to the conflict with the client and his family.

By exploring the reluctance of the client to learn, as well as the beliefs and values of the client and his family, the nurse collaborates with the client to find a solution.

## 4.0 MANAGING THE BOUNDARIES OF THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

### 4.2 The Nurse Establishes and Follows a Comprehensive Plan of Care

It is important that the nurse develops a comprehensive plan of care with the client and family and with other members of the health team. The plan provides guidance and direction regarding the boundaries of the relationship and the approaches best suited to meet the client's needs.

The plan of care includes the proposed strategies to meet the client's therapeutic needs and to facilitate the client's short and long-term goals. If a particular strategy is part of the care plan for a particular client, then the nurse is not likely crossing boundaries.

#### Example

An in-patient psychiatric client was very anxious about attending her sister's wedding. The client continued to focus on the difficulties about the wedding and also believed that she had no choice but to attend the wedding. The client asked Joanne, one of the nurses, to come with her to the wedding to give her support. Joanne and the client took the idea to the health team for their input.

The health team agreed that Joanne's attendance would help the client deal with her anxiety, both before and during the wedding. The plan of care was adapted so that when the client began to focus on the problems associated with the wedding, the nursing staff would state that Joanne would be there to give support. This feedback helped to calm the client. Her attendance at the wedding itself went very well.

#### Discussion

By discussing the approach with the health team and making the approach part of the plan of care, Joanne achieved support for the client before and during the wedding. Joanne was questioned by one of her colleagues about the appropriateness of attending the wedding. When Joanne mentioned that it was an approved part of the care plan, there were no further questions.

### 4.3 The Nurse Understands the Nature and Limits of the Therapeutic Relationship and Meets Personal Needs Outside the Relationship

The therapeutic relationship differs from a social relationship in that the needs of the client always come first. The nurse is in a privileged position because of the trust the client puts in the nurse and because of the power imbalance. Nurses must not abuse this trust by using the power inherent in the relationship to meet their own needs. By virtue of the nature of the nurse-client relationship, it is not possible to maintain a therapeutic and a social relationship with the client at the same time.

The nurse must not interfere with the client's personal relationships in a way that has a negative impact on the client.

#### Example

Linda, a nurse in a long-term care facility, is caring for Mrs. Jones whose only relative is a son the same age as the nurse. The son's business obligations allow him to visit his mother twice a week.

## 4.0 MANAGING THE BOUNDARIES OF THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

The nurse and the son begin having a personal relationship. Initially, the son visited his mother whenever he was available, but after becoming involved with Linda, the son began spending less time with his mother and left with Linda when her shift ended. Mrs. Jones says she is depressed because her son has so little time for her and refuses to speak to the nurse when she comes to care for her.

### Discussion

It is not appropriate for a nurse to become involved in a personal relationship with a client or a significant other of the client. In this example, the son is the only relative of the client, who is very dependent on him. Linda is meeting her personal needs at the expense of the client, Mrs. Jones, who is Linda's primary responsibility. The nurse has interfered with the client's personal relationship in a way that has a negative impact on the client. Furthermore, Linda continues to care for a client who will not speak to her, and this compromises the quality of care the client receives.

### 4.4 The Nurse Understands and Communicates the Expectations for Confidentiality

Clearly explaining to the client the limits of confidentiality and the requirement to share information with the health team is another way of maintaining the boundaries of the relationship. The nurse needs to inform the client that information will be shared with the health team. The client also needs to know who the health team is and exactly who will be receiving the information.

### Example

Carmen has been working with a client for some time and has a very good relationship with her. On a number of occasions, the client has confided in Carmen and told her personal information about her family and upbringing. The client has made it very clear that she does not want this information shared with other nurses or the doctor. Carmen feels uneasy about keeping information from the team, but agrees because, in her view, the information is not very relevant to the client's current health care needs.

One day, the client suggests that they attend a craft show together. Carmen is interested in handicrafts and would like to go but is unsure how her supervisor would feel about it. The client suggests that there is no need to mention the outing to the doctor or the supervisor since they may not understand.

### Discussion

When a client shares or discloses personal information not related to care needs, the nurse must intervene with information about confidentiality and professional relationships. This is especially true when the client asks the nurse not to share the information with other team members. Anytime a client asks a nurse to keep information from the health team, the nurse needs to assess carefully whether there is potential for crossing the boundaries in the relationship. The nurse needs to explain to the client the need to share information with others.

## 4.0 MANAGING THE BOUNDARIES OF THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

### 4.5 The Nurse Is Sensitive to the Context in Which Care is Provided

As health care and nursing changes, more care is being provided in the community and in independent practice. The role of the nurse in these settings is sometimes difficult to define.

The nurse may be taking on a stronger counselling role with clients and focusing on psycho-social issues. Nurses may need to clarify their respective roles and explain that role to clients who may be expecting a more traditional role from the nurse.

The client's home may feel like an informal environment in which to provide care, making the boundary between professional and social relationships less clear. It may be tempting to do more for a client who lacks the usual social supports. For example, it may be convenient for the nurse to perform some non-nursing activities for the client, such as picking up groceries on the way to a visit. Such behaviours can change the boundaries of the therapeutic relationship and make the limits of the relationship unclear.

In some situations the role of the nurse can include teaching clients to grocery shop or do banking, or a community nurse may be involved planning meetings in the community. The nurse needs to be clear with the client that this activity is part of the nursing role and not an extra activity outside of that role. Ongoing evaluation with the client about the plan of care is necessary.

When considering performing activities that are outside the expected nursing role, there are a number of questions that nurses can ask themselves. These are:

- Is the nurse doing something for the client that the client needs to learn to do, such as establishing social support systems or learning alternative ways of performing certain household tasks?
- Can other resources be used to meet this identified need?
- Will performing the non-nursing activity take time from nursing duties?
- Will the client expect that all nurses will perform these non-nursing activities?
- Will performing an activity cause difficulties when other nurses will not or cannot do the same?
- Will the activity cause confusion for the client about the nurse's role?
- Whose needs are being fulfilled by performing this task?
- Is the employer aware that the nurse is performing this activity, and what is the policy relating to the activity?
- Would the agency's insurance cover the nurse while this activity is performed?

If the answers indicate that the activity may cross the boundaries of the nurse-client relationship, cause confusion for the client, or difficulties for other nurses, then the nurse should refrain from performing the activity. The nurse may need to seek assistance to discuss the situation and to determine appropriate action.

## 4.0 MANAGING THE BOUNDARIES OF THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

### 4.6 Termination of Relationship

At the beginning of the relationship, the nurse establishes with the client, family and health team an estimated period of time that the relationship will last. The health-related goals and needs of the client determine when the relationship will end. The nurse might indicate, for example, the necessity of providing care for one shift in a hospital setting or until the ulcer heals (at home in the community), or until the client has no further need for nursing services.

As the time for terminating the relationship approaches, the nurse needs to discuss ongoing plans for meeting the client's care needs. The nurse and client may identify other necessary resources with other team members helping the client identify what would work best for him/her. In some settings, this may include discharge planning with a referral to community organizations. It may also involve a transfer to another health care provider in the same organization or from one shift to another.

## 5.0 WARNING SIGNS REGARDING THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

There are a number of warning signs that indicate nurses may be crossing the boundaries in the nurse-client relationship. Examples of these are:

- spending extra time with one client beyond therapeutic needs,
- changing client assignments to give care to one specific client,
- feeling other members of the team do not understand a specific client as well as you,
- disclosing personal problems to a specific client,
- dressing differently when seeing a specific client,
- thinking about the client frequently when away from work,
- being guarded or defensive when someone questions your interactions with the client,
- spending off duty time with a client,
- ignoring policies of the agency when working with a specific client,
- keeping secrets with a client apart from the health team, and
- giving a client a home phone number unless it is required as part of the nursing role.

Another warning sign is that:

- a specific client talks only to one nurse and refuses to speak to other nurses.

If one or more of these signs are present in a relationship, further assessment of all aspects of the relationship is needed to determine if professional boundaries are being crossed. For example, it may be found that the client speaks mostly to one nurse because that is the model of care being used in that setting, and in this case it would not be inappropriate. If a nurse believes boundaries are being crossed in own or a colleague's relationships with clients, the caregiver needs to take further action.

## 6.0 BEHAVIOURS WHICH MAY BE ACCEPTABLE IN THE NURSE-CLIENT RELATIONSHIP

When used appropriately within the relationship, the nurses actions and behaviours assist in meeting the clients needs. In some circumstances, however, these same actions or behaviours can be considered unprofessional or abusive. Such acts include, but are not limited to: self-disclosure, accepting gifts; caring for family, friends and acquaintances; and commencing a social relationship with a former client. When the nurse's behaviours meet the nurse's personal needs, rather than the client's needs, the acts and behaviours are unacceptable.

### 6.1 Self-disclosure

The nurse may choose to disclose information about self when it has been determined that the information will assist in meeting the therapeutic needs of the client. Self-disclosure for the purpose of meeting the nurse's personal needs is not acceptable.

The nurse needs to be very careful about confiding personal problems to clients. Although self-disclosure may be useful, the nurse must always be sure that the disclosure will meet a specific therapeutic need of the client. It may be appropriate for a nurse to share personal information about issues which have been personally experienced and successfully resolved.

The nurse must always consider the whole context of the situation before using self-disclosure in interactions with clients. Some clients may feel that their problems and feelings are being diminished by the nurse's disclosure of similar problems and, if done inappropriately, can interfere with the ability of the nurse to meet clients needs in the future.

#### Example

Chris has been caring for an elderly woman in a long-term care setting. Recently, Chris confided to her client that her car needed repairs, and she did not know how she was going to pay for them, since her husband was out of work. The nurse also mentioned that she would have difficulty getting to work if the repairs were not made. The client was very worried about Chris's situation. She asked her husband if they could lend Chris money to help pay for the repairs.

#### Discussion

This self-disclosure was inappropriate. It was meeting the needs of the nurse, not the therapeutic needs of the client. The client may have felt that the nurse was looking to her for financial assistance, and this caused unnecessary worry for the client.

### 6.2 Accepting Gifts from Clients

It is not always clear when it is appropriate to accept a gift from a client. Nurses need to carefully consider the situation and understand why the client might be offering a gift. It may be that the client's cultural beliefs and values indicate that gifts need to be made, and the client may be upset if they are not accepted. For example, a nurse who has developed an immunization program with a population of new Canadians is offered a small gift from the clients in appreciation of her efforts. Her refusal of the gift could be interpreted as an insult. The nurse also needs to assess the relationship to determine if the gift will change the nature of the relationship.

## 6.0 BEHAVIOURS WHICH MAY BE ACCEPTABLE IN THE NURSE-CLIENT RELATIONSHIP

The nurse must not solicit gifts from clients. Nurses also need to be careful that they do not give the client the impression they are soliciting a gift by admiring the client's possessions. Clients can misunderstand such comments.

When choosing whether to accept a gift, the nurse must consider:

- the policies of the agency or facility where the nurse works;
- the context of the situation in which the gift is offered, including the monetary value and appropriateness of the gift;
- the client's intent in offering the gift; and
- whether the client will expect a different level or nature of care, or feel obligated to provide gifts to other members of the health team.

### Example

Alex has been providing care to a client in the community for several years. The client seems wealthy, and has offered to pay for Alex and his family to travel to a wedding that Alex has said he wants to attend. The client says it is his way of thanking him for all the care he has received over the years. Alex tells a colleague about this gift. The colleague cautions Alex against accepting the trip, but Alex still sees nothing wrong with accepting the client's offer. Now Alex is unsure what to do.

### Discussion

It is inappropriate for Alex to accept the gift. The client may feel that Alex, in telling him about the wedding, has solicited the gift (The client can only know about the wedding if the nurse told him.). The gift does not meet any of the client's needs, other than trying to please the nurse. Accepting the gift will change the dynamics of the relationship and may make it difficult for the nurse to continue to provide care on his return. Nurses who are unsure of the appropriateness of accepting gifts, should consult with other colleagues.

## 6.3 Giving Gifts to Clients

In some circumstances, nurses may consider giving gifts to clients when the client has no family or friends to celebrate a birthday or a major milestone. When giving gifts to clients, the context of the situation is very important and needs to be looked at in conjunction with other factors in the relationship that relate to boundaries.

Gift giving may be acceptable when:

- it is part of the therapeutic plan or approach for the client;
- it is given from a corporation or an agency, or from a group of nurses caring for a client;
- the client is clear that the nurse does not expect a gift in return;
- it does not change the dynamics of the relationship of the nurse with the client;
- it does not affect the relationship that other nurses have with the client; and
- it has no potential for negative feelings on the part of other clients.

## 6.0 BEHAVIOURS WHICH MAY BE ACCEPTABLE IN THE NURSE-CLIENT RELATIONSHIP

### Example

One of Mary's clients is house-bound, with few external contacts. One day, while at a garage sale, Mary notices a little blue hippopotamus. Knowing that her client collects hippopotami, Mary buys it and presents it to the client. The client is very pleased and discusses the "gift" with the other nurses. The client states that, of all the nurses, she has always known that Mary is the one who really cares. One of the other nurses who visits wonders if giving this small gift was appropriate.

### Discussion

In this situation, the gift is not appropriate. The gift giving was not part of the therapeutic plan of care and it did not help the client meet her needs for more external contacts or activities. It is not a joint gift or from the nursing agency, although Mary could have told the client that it is from the team. This gift has the potential to change the relationship the client has with Mary, as well as the client's relationship with other nurses. Mary needs to carefully assess her relationship with her client and check the warning signs related to boundary issues.

### 6.4 Providing Nursing Services to Family, Friends or Acquaintances

Nursing family, friends or acquaintances can provide special challenges to a nurse. In some instances, nurses, especially when working in small communities, may be required to care for family, friends or acquaintances as part of their professional employment. There are a number of factors to be considered in these situations:

- **Input from client:** The client needs to have input into the decision about who provides their care as some clients may not be comfortable with receiving nursing services from someone with whom they have a prior relationship.
- **Self awareness/reflection:** Nurses must reflect carefully on whether they can maintain objectivity in caring for a client and whether the relationship interferes with meeting the client's needs. It is also necessary to be sure that providing care to family/friends does not interfere with the care of other clients or with the dynamics of the health care team. Before making the decision, the nurse may wish to discuss the situation with colleagues and the employer.
- **Maintaining the Boundaries:** When a nurse does provide nursing care for a family member, friend or acquaintance, the following issues must be considered: awareness of the potential difficulties concerning boundaries between the nurse's professional role and personal role, in the situation; clarifying that boundary for the client; the need for meeting personal needs outside the therapeutic relationship, and if this is not possible, finding alternative care arrangements; and developing and following a plan of care. If a significant other of the nurse is admitted to an agency where the nurse is providing services, the nurse must make every effort to ensure that alternative care arrangements are made. Until alternative arrangements are made, however, the nurse may provide care.
- **Confidentiality:** A nurse caring for family or friends needs to carefully consider issues of confidentiality, and use caution to avoid revealing information about the client to other family and friends even after the nurse-client relationship ends.

## 6.0 BEHAVIOURS WHICH MAY BE ACCEPTABLE IN THE NURSE-CLIENT RELATIONSHIP

### 6.5 Use of Restraints

Nurses may choose to use chemical or physical restraints only when in their judgement such use is in accordance with quality care standards, agency policies and legal provisions relating to consent to treatment.

In certain situations, clients must be restrained, either to protect them or others from injury or to assist with their positioning. In such situations, the least restrictive means of restraint should be used. Such restraint, properly used, is not considered as client abuse. In cases where nurses reasonably anticipate acts of violence towards themselves, others or property, nurses are justified in using reasonable methods to protect themselves, others and property.

## 7.0 BEHAVIOURS WHICH ARE UNACCEPTABLE IN THE NURSE-CLIENT RELATIONSHIP

There are some behaviours which are always unacceptable because they interfere with meeting the clients therapeutic needs. These include but are not limited to: emotional/verbal abuse, physical abuse, sexual abuse, neglect, financial abuse and insensitivity to religious and cultural beliefs.

The abuse of clients is always unacceptable. It breaches the trust and respect in the nurse-client relationship and crosses the boundaries of acceptable care. All forms of abuse of clients are prohibited. NANB is committed to the prevention of all types of abuse that might occur within the therapeutic nurse-client relationship.

### 7.1 Emotional/Verbal Abuse

The nurse must not use verbal and non-verbal behaviours that may reasonably be perceived to demonstrate disrespect for the client and which are perceived by the client or others to be abusive. Such verbal and non-verbal behaviours include but are not limited to:

- sarcasm;
- retaliation;
- intimidation, including threatening gestures/actions;
- manipulation;
- teasing or taunting;
- insensitivity to the client's preferences with respect to sex and family dynamics;
- swearing;
- cultural slurs; and
- inappropriate tone of voice such as expressing impatience.

### 7.2 Physical Abuse

The nurse must not exhibit behaviours towards a client which may be perceived by the client, the nurse or others to be violent, threatening, or to inflict physical harm. Such behaviours include but are not limited to:

- hitting;
- pushing;
- slapping;
- shaking;
- using force; and
- handling a client in a rough manner.

In some instances, it may be that a nurse will inadvertently cause physical harm to a client in self-defence. If this happens, nurses need to be prepared to explain their actions and to show how they advocated for resources to deal with challenging behaviour by the clients.

In settings where clients are frequently unpredictable, the nurse will need to access information related to dealing with challenging clients.

## 7.0 BEHAVIOURS WHICH ARE UNACCEPTABLE IN THE NURSE-CLIENT RELATIONSHIP

### 7.3 Sexual Abuse

(1) In accordance with the *Nurses Act*, sexual abuse of a client by a nurse is defined as a form of professional misconduct and means:

- sexual intercourse or other forms of physical sexual relations between the nurse and the client;
- touching, of a sexual nature, of the client by the nurse; or
- behaviour or remarks of a sexual nature by the nurse towards the client.

Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the nursing care provided.

(2) The nurse must not engage in behaviours or make remarks towards a client that may reasonably be perceived by the client, the nurse or others to be:

- sexually or otherwise demeaning, seductive, suggestive, exploitative, derogatory or humiliating; and
- touching of an abusive nature: (1) the nurse must not touch the client in a manner that may be perceived by the client, the nurse or others to be of a sexual nature and (2) the nurse must not initiate, encourage or engage in sexual intercourse or other forms of sexual contact with a client.

(3) The nurse cannot initiate or engage in a social relationship with a client's significant other.

(4) Following the termination of the nurse-client relationship, the nurse must be cautious about commencing a social relationship with a former client. The nurse must be sensitive to the possibility that the therapeutic relationship may have created a dependency on the part of the client that may affect the client's ability to act freely.

In determining when a post-professional social relationship can occur, the following factors should be considered:

- the nature of the nursing interventions;
- the duration of the therapeutic relationship;
- the degree, if any, to which the client has developed an emotional dependency on the nurse as a result of the therapeutic relationship;
- the potential impact on the well-being of the client; and
- all other circumstances that bear upon the nature of the nurse-client relationship and that may affect the ability of the client to act freely.

## 7.0 BEHAVIOURS WHICH ARE UNACCEPTABLE IN THE NURSE-CLIENT RELATIONSHIP

### 7.4 Neglect

The nurse must not neglect the client. Neglect occurs when nurses fail to meet the basic needs of clients who are unable to meet them themselves. Such behaviours include but are not limited to the withholding of care needs such as:

- clothing;
- food;
- fluid;
- needed aids or equipment;
- medication;
- communication;
- confining, isolating or ignoring the client; and
- client privileges.

### 7.5 Financial Abuse

The nurse must not take advantage of the power in the nurse-client relationship to engage in activities that could result in either monetary, personal or other material benefit, gain or profit to the nurse or monetary or personal loss for the client.

Such behaviours include but are not limited to:

- borrowing money or property from a client;
- soliciting gifts from a client;
- withholding of finances through trickery or theft;
- influence, pressure or coercion to obtain the client's money or property;
- influence over the client's will;
- abuse of trusteeship, bank accounts, power of attorney or guardianship; and
- assisting with the financial affairs of a client without the health team's knowledge.

### 7.6 Insensitivity To Religious and Cultural Beliefs and Values

The nurse must not display behaviours towards a client which may be perceived by the client as signifying insensitivity or disrespect for the client's culture and/or religious beliefs.

## 8.0 RECOGNIZING OWN BEHAVIOUR THAT CROSSES BOUNDARIES

Nurses who suspect that they are involved in a situation that crosses boundaries of the therapeutic nurse-client relationship need to carefully consider the situation. The primary concern is always for the safety and well-being of the client. The nurse can:

- solicit input from colleagues, and
- discuss the situation with an NANB nursing practice consultant.

If these contacts indicate that the situation is problematic, the nurse can discuss the issue with their employer. If a nurse decides to withdraw from the relationship, it must be done in a way that does not cause harm to the client.

### **Example**

Judy has been visiting a paraplegic client in the rehabilitation centre on her own time. She believes the client is making significant progress and is anxious for him to continue. Judy is anxious for the client to succeed in going home. He reminds her of a cousin in a similar situation who had not done well. The client looks forward to Judy's visits, since his family is in the north and finds it hard to visit very often. Recently, Judy has been doing some reading and is beginning to wonder if she is crossing the boundaries with this client. When a colleague questioned how hard the client was trying with his rehabilitation, Judy became very angry.

### **Discussion**

Judy decides to assess her practice using the warning signs as listed. In doing this, Judy realizes that she has been dressing with more care when visiting this client, and she thinks that other members of the health team do not understand the client as well as she does.

As well, Judy was spending free time with the client, who has stopped communicating with the other nurses. In discussing the issues, Judy finds her colleagues share her concerns. Judy decides to work with her colleagues and gradually withdraw from the relationship.

## 9.0 RESPONDING TO AND REPORTING COLLEAGUES ABUSING CLIENTS

If the nurse has reason to believe or witnesses another nurse or another member of the health team being abusive with their client(s), the nurse must take action. Nurses are required to intervene in situations where the safety and well-being of clients is compromised and to report to the appropriate authority any health professional who abuses their clients. One example of professional misconduct is failing to report an incident of unsafe practice or unethical conduct of a health care provider to the employer and/or other authority responsible for the health care provider.

Depending on the situation, the nurse may have to intervene immediately to protect client safety. The nurse determines the usefulness of discussing the situation directly with the colleague involved. The nurse needs to be factual in the discussion with the colleague, by addressing the following: describing the unacceptable behaviour, how it affected client care, what standards were not met and the nurse's professional responsibility to report the colleague.

Whether the nurse speaks with the colleague, is unable to speak with the colleague directly or the colleague does not recognize the problem, the nurse must report the colleague following appropriate agency mechanisms and legislative requirements. This next step usually involves speaking to the person's immediate supervisor. Whomever the nurse speaks with, the aspects of the situation need to be made clear with a focus on the observable facts and their relationship to patient care and to the standards for nursing practice. The nurse also should put the concerns in writing, with the date, time, witnesses and some type of client identification such as initials or file number.

When one responds to these situations, several factors must be considered when deciding what to report and to whom, for example, agency policy and procedure, relevant legislation, standards for nursing practice. For example, there are specific legal requirements for reporting sexual abuse of clients, child abuse<sup>1</sup> and unsafe practice<sup>2</sup>.

In the case of sexual abuse of clients, New Brunswick legislation imposes a legal obligation on health care professionals, as individuals, to report incidents of sexual abuse. Health care professionals who have reason to believe that another health care professional has sexually abused a client must report that person to the appropriate regulatory body within 21 days. The nurse must make every effort to advise the patient involved that a report is being filed before doing so.

The client's name must not be included in the report unless the patient consents in writing. If the nurse has reason to believe that a patient has been sexually abused by another health care professional, she should contact that professional's regulatory body to determine their specific reporting procedures.

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(1) Under section 30(10) of the *Family Services Act* all professional persons are legally obligated to report personally when in the discharge of their professional duties they suspect child abuse or neglect. Mandatory reporting overrides any professional or legal obligation to client confidentiality, except a client-solicitor relationship.

(2) See *Nurses Act*, Section 42(1).

## 9.0 RESPONDING TO AND REPORTING COLLEAGUES ABUSING CLIENTS

Regardless of who is involved in a violation of professional boundaries, it is always the responsibility of the nurse(s) aware of the situation to act in the best interest of the client. The NANB can provide needed assistance and should be contacted. The Decision Guide in the Appendix may be helpful in determining if a behaviour is appropriate.

### Example

Dorothy was working the afternoon shift at a long-term care facility when she hears shouting on the other unit. When she investigates, she finds a colleague very upset and angry with a resident. The colleague is shouting and pushing the resident down the hall so fast that he stumbles. Dorothy quickly intervenes telling the colleague to stop and leave the situation until she calms down. Dorothy then requests a health care aide to take the resident to his room and to stay with him until he calms down.

The colleague tells Dorothy that she is under a lot of personal stress and lost her temper with the resident. Dorothy knows that this is not the first time such an incident has happened. Other nurses have mentioned that they have witnessed the same kind of behaviour. Dorothy tells her colleague that she will be reporting the incident in writing to the director of care.

### Discussion

The abuse stopped when Dorothy intervened. Now Dorothy needs to report the matter to the director of care because it is a serious incident that caused harm, both physical and emotional, to the resident. It is also not the first time this type of incident has occurred. The colleague needs assistance to deal with her personal problems. Intervening and reporting the incident may lead her to finally seek help.

When a health care provider is abusing a client in any way, the nurse needs to take action. If the health care provider who is sexually abusing a client is a member of a self-regulated profession, the colleague must be reported to the appropriate regulatory body. Sexual abuse by a nurse must be reported to NANB.

When an unregulated health care provider is sexually abusing a client, the nurse must notify the employer. In all such cases, clients must be informed of their right to contact police and begin criminal proceedings.

## 10.0 QUALITY PRACTICE SETTINGS

Nurses are always accountable for their practice. However, nurses are best able to provide quality client care when they are in an environment that supports quality professional nursing practice that is effective in implementing change, and that is responsive to nurses concerns. All nurses, including those in leadership positions, can advocate to create quality practice settings. To promote "quality" workplaces, NANB has identified seven key attributes or characteristics that support quality professional practice. These are professional development systems, leadership, organizational supports, response systems, facilities and equipment, communication systems, and care delivery processes (see *Standards for Nursing Practice*, 1998).

A quality practice setting will:

- support client-centred care;
- provide resources to support nurses to establish therapeutic relationships;
- provide resources appropriate to client's cultural needs;
- promote positive collegial relations;
- support staff in requests to change assignments for reasons of stress or boundary issues;
- support staff activities which help relieve stress;
- have expert resources available to help nurses to learn how to care for clients who exhibit challenging behaviour;
- have zero tolerance for abuse in the facility;
- provide debriefing after critical incidents; and
- have a known procedure for reporting abuse of any kind.

## 11.0 CONCLUSION

All nurses need to work together to prevent abuse of clients and ensure safe, effective care.

Each nurse needs to:

- understand the nature of the therapeutic nurse-client relationship;
- establish and maintain the boundaries of the relationship;
- ensure that the client understands the role of the nurse and the limits of that role;
- be aware of situations that are high risk for boundary violation, for example, settings where nurse-client relationships are long term or for settings where the nurse works with little supervision;
- terminate the relationship with the client in a manner that reflects an understanding of the client's needs and goals;
- practice self-reflection to achieve awareness of own professional practice and to understand the dynamics of client situations;
- ensure own personal needs are met outside client situations;
- take action to deal with personal and job-related stress;
- seek out and use resources to assist in caring for clients with challenging behaviours;
- advocate for appropriate care resources for clients;
- intervene when witnessing abuse of clients or colleagues crossing the boundaries;
- report incidents of crossing boundaries, professional misconduct and abuse in the appropriate manner; and
- advocate for the elements of a quality practice setting.

These standards were developed to assist the nurse in managing therapeutic relationships which are client-focused and which stay within appropriate boundaries. The nurse is responsible for establishing the boundaries of the relationship and is accountable for own behaviour, regardless whether harm was intended. The nurse is also responsible for terminating the relationship in an appropriate manner so that the safety and well-being of the client is protected.

## DEFINITIONS

### **Nurse**

Nurse refers to a registered nurse (RN).

### **Client**

A person or persons with whom the nurse is engaged in a professional therapeutic relationship. In most circumstances the client is an individual but in some circumstances the client can include family members and/or substitute decision-makers of the individual client. The client may also be a family, a group, or a community. In education, the client may be a student; in administration, the client may be staff; and in research, the client is a subject or a participant.

### **Significant other**

A significant other is a person the client identifies as very important or central in their life. This is usually a spouse, partner or a parent but may be a child, sibling, or friend.

### **Nurse-client relationship**

The nurse-client relationship is a helping relationship that is therapeutic in nature, is established to meet the needs of clients and is based upon trust and respect. A therapeutic nurse-client relationship is established and maintained by the nurse through the use of professional nursing knowledge, skills and, caring attitudes and behaviours in order to provide nursing services that contribute to the client's health and well-being. The relationship is based on trust, respect and intimacy and requires the appropriate use of the power inherent in the care provider's role.

### **Culture**

Culture refers to the shared, learned values, beliefs, norms and ways of life of an individual or a group that influences thinking, decisions and actions (Adapted from Leininger, 1991).

### **Boundary**

A boundary in the nurse-client relationship is the point at which the relationship changes from professional and therapeutic to non-professional and personal. Crossing the boundaries means the care provider either misuses the power in the relationship to meet own personal needs rather than the needs of the client, or behaves in an unprofessional manner with the client (Adapted from Smith et al., 1997).

### **Abuse**

Abuse means the misuse of power or the betrayal of trust, respect or intimacy between the nurse and the client which the nurse knew or ought to have known could cause, or could reasonably be expected to cause, physical, emotional or spiritual harm to a client. This includes all types of abuse of clients by nurses, for example, emotional, verbal, physical, sexual, neglect, and financial.

### **Sexual abuse**

Sexual abuse, in accordance with the *Nurses Act*, is a form of professional misconduct and means: 1) sexual intercourse or other forms of physical sexual relations between the nurse and the client; 2) touching, of a sexual nature, of the client by the nurse; or 3) behaviour or remarks of a sexual nature by the nurse towards the client. Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the nursing care provided.

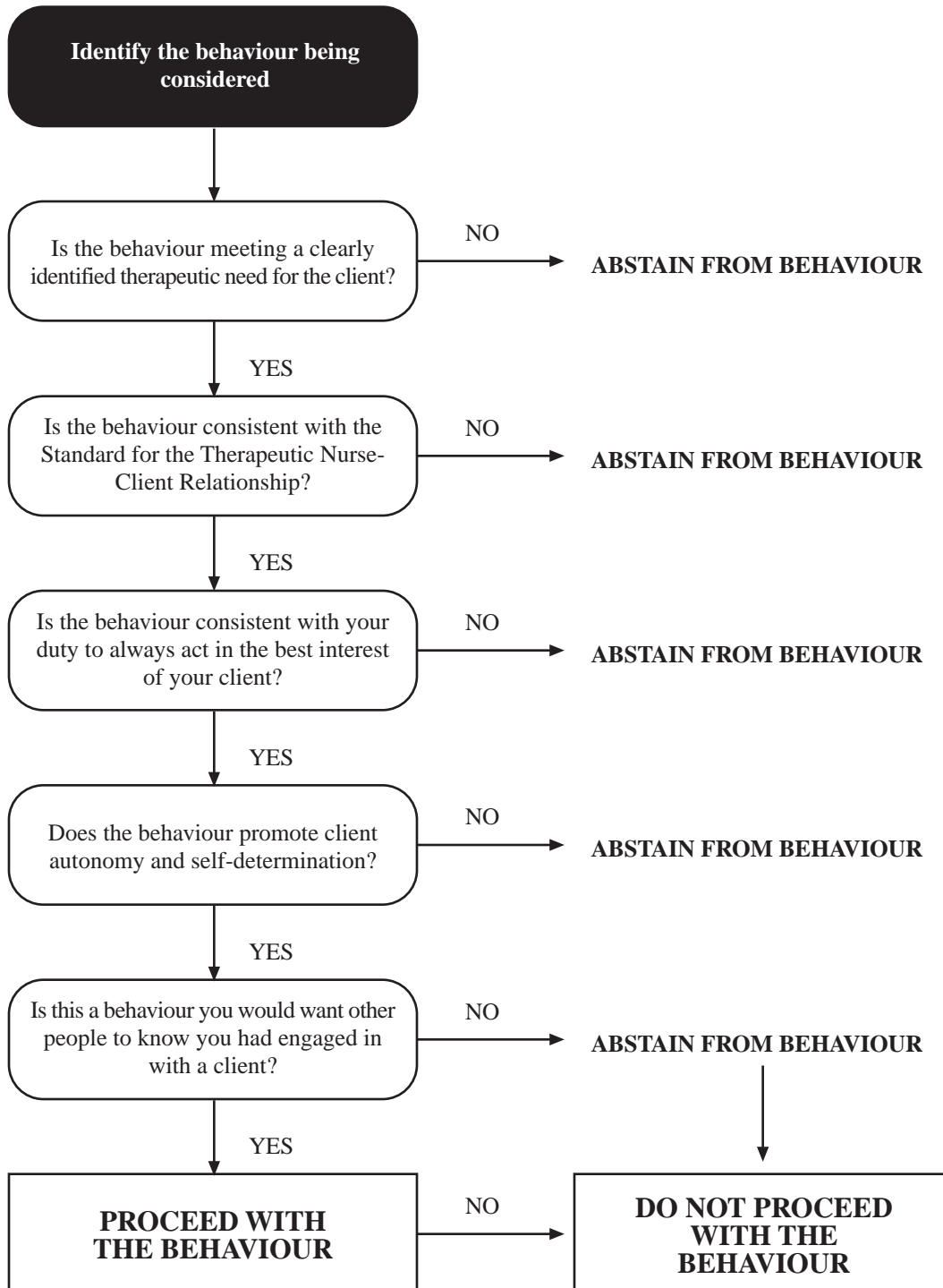
### **Social relationships**

Social relationships may be casual (for example, acquaintance), friendship (for example, platonic) or romantic (for example, sexual). Social relationships serve the interests of both parties and are for the purpose of mutual interest and pleasure.

# APPENDIX

## DECISION GUIDE

### Appropriate Professional Behaviour



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