



Nurses Association
OF NEW BRUNSWICK

Standards for the Nurse-Client Relationship



Mandate

Regulation for safe, competent, and ethical nursing care.

Under the [Nurses Act](#), the Nurses Association of New Brunswick (NANB) is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent and ethical nursing care.

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For the purpose of this document, the term “nurses” refers to all NANB members, including graduate nurses, registered nurses, and nurse practitioners.

Words in bold print are found in the glossary. They are shown in bold on first appearance.

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Introduction

Standards are broad, principle-based, authoritative statements that articulate conduct or performance required of nurses. The primary purpose of a standard is to identify the level of performance expected of nurses in their practice. Standard statements describe how nurses are expected to practise and they are further explained by indicators that are illustrative, action-oriented examples of how the standards can be met or demonstrated. Indicators are not an exhaustive list of how standards are met, therefore, nurses need to consider how the standards apply to their own practice setting or role.

This document provides standards to support the nurse-client relationship – a key building block on which nursing practice is built. They are intended to complement NANB's [Standards of Practice for Registered Nurses](#) and the [Standards for the Practice of Primary Health Care Nurse Practitioners](#) by providing more specific direction to nurses regarding the establishment, limits, maintenance and termination of the nurse-client relationship.

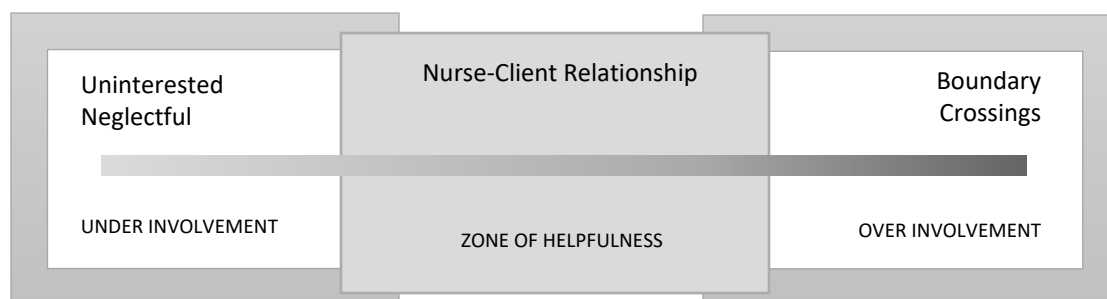
Principles of the Nurse-Client Relationship

The nurse-client relationship is a purposeful, client-centered and goal-directed connection between a nurse and a **client**. The purpose of this relationship is always about meeting the client's health care needs. Regardless of the context or length of the interaction, a nurse-client relationship protects the client's dignity, autonomy, and privacy, allows for the development of trust and respect (National Council of State Boards of Nursing, 2018).

The following are the underlying principles of the nurse-client relationship.

- The nurse-client relationship may vary with the practice setting, the type of nursing services provided, and the client's healthcare needs.
- Nurses practise in accordance with regulatory [standards](#) and the [Code of Ethics for Registered Nurses](#).
- Nurse-client relationships occur along a dynamic continuum of behaviour with the goal of providing care within the “zone of helpfulness” (Figure 1).
- Nurses are responsible for setting and maintaining the appropriate boundaries within the nurse-client relationship regardless of the wishes of a client or the setting in which the relationship occurs.
- Nurses are responsible and accountable for their own actions in the nurse-client relationship, including actions which result in outcomes that may have been unintended, but should have been foreseen.

Figure 1 – A Continuum of Behaviour¹



Every nurse–client relationship can be plotted on the continuum of professional behaviour illustrated above.

¹ Adapted from the Nursing Council of New Zealand *Guidelines: Professional Boundaries* (2012).

Boundaries and Components of the Nurse-Client Relationship

Boundaries are the defining lines which separate the therapeutic behaviour of a nurse from any behaviour which, well intentioned or not, could reduce the benefit of nursing care to clients. They are the limits to the nurse-client relationship which allow for a safe and therapeutic connection between the nurse and the client. It is the nurse's responsibility to determine when actions or behaviours deviate from established boundaries, to being non-therapeutic and unprofessional in nature (Appendix A and B).

There are five components to the nurse-client relationship: power, trust, respect, professional intimacy, and **fiduciary duty** (Nova Scotia College of Nursing [NSCN], 2019a). Regardless of the context or length of interaction these following components of the nurse-client relationship are always present:

Power: The nurse-client relationship is one of unequal power. Although nurses may not perceive themselves as having power in the relationship, they have more power than the client. The power of the nurse comes from the authority associated with their position in the health care system, specialized knowledge, influence with other health care providers in the decision-making process, 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 vulnerability of a client needing care. A misuse of power can be considered **client abuse**.

Trust: Clients expect nurses to have the knowledge and skills to provide safe, competent, ethical, and compassionate care. Trust is critical, as the client is in a vulnerable position in the relationship. Part of trust is keeping one's word. If trust is breached, then it becomes very difficult to re-establish it.

Respect: Respect for the rights and **diversity** of the client is fundamental to a nurse-client relationship. Nurses demonstrate respect by acknowledging and taking into account a client's culture and other aspects of the client's individuality when providing care. Being respectful means being non-judgmental of the client and seeking to discover the meaning behind the client's behaviours.

Professional Intimacy: Professional intimacy relates to the 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, including appropriate emotional distancing from the client to ensure objectivity and professionalism. This does not refer to sexual intimacy.

Fiduciary Duty: Nurses have a **duty to care** and to act in the best interest of their clients. Nurses are to be aware of their values, needs and behaviour – keeping personal needs separate from those of their clients (NSCN, 2019a).

Standard 1: Client-Centered Care

The nurse collaborates with the client to ensure that all professional behaviours and actions meet the needs of the client.

The nurse:

- 1.1 recognizes the impact of their competency and actions in establishing, maintaining, and terminating a nurse-client relationship;
- 1.2 identifies any bias or personal beliefs that have developed through life experiences which could affect the nurse-client relationship;
- 1.3 actively includes the client as a partner in care;
- 1.4 discusses expectations with the client in meeting identified healthcare needs and healthcare goals;
- 1.5 establishes with the client their mutual roles in achieving identified health goals;
- 1.6 gains an understanding of the client's abilities, limitations and needs related to their health condition;
- 1.7 demonstrates sensitivity and respect for the client's choices, which originate from the client's individual values and beliefs, including cultural and/or religious beliefs;
- 1.8 engages the client in evaluating the nursing care they are receiving;
- 1.9 discloses any relationships, affiliations, or financial or personal interests that may create a conflict of interest which could impact the nurse-client relationship; and
- 1.10 assesses the need to remove self from care when a conflict of interest has been identified.

Standard 2: Maintaining Boundaries

The nurse is responsible and accountable for establishing and maintaining boundaries in the nurse-client relationship.

The nurse:

- 2.1 clarifies the nurse's role within the nurse-client relationship;
- 2.2 helps the client understand when requests are beyond the limits of the nurse-client relationship;
- 2.3 creates, maintains, and follows a client-centered **care plan**;
- 2.4 refrains from interfering with the client's personal relationships, unless such relationships negatively impact the client's health and well-being;
- 2.5 ensures that existing personal relationships do not undermine the judgment and objectivity in the nurse-client relationship;
- 2.6 recognizes when the boundaries of the nurse-client relationship are at risk of being compromised (Appendix C and D);
- 2.7 determines whether a particular activity or behaviour is appropriate within the context of a nurse-client relationship (Appendix E);
- 2.8 ensures that any approach or activity that could be perceived as a boundary crossing is included in the care plan developed by the care team;
- 2.9 abstains from engaging in financial transactions unrelated to the provision of care and services with the client;
- 2.10 ensures that the nurse-client relationship and nursing strategies are developed for the purpose of promoting the health and well-being of the client and not to meet the need of the nurse;
- 2.11 recognizes there may be an increased need for vigilance in maintaining boundaries in certain practice settings (i.e. mental health, community health, long term care) and when providing nursing care to family, friends, and acquaintances (Appendix E); and
- 2.12 consults with the health-care team, nurse manager or NANB for any situation in which it is unclear whether a behaviour may cross a boundary of the nurse-client relationship.

Standard 3: Therapeutic Communication

*The nurse uses a wide range of **communication** strategies and interpersonal skills to establish, maintain and terminate the nurse-client relationship.*

The nurse:

- 3.1 introduces themselves to the client by name and discusses with the client their respective roles within the nurse-client relationship;
- 3.2 addresses the client by their preferred name;
- 3.3 gives the client time, opportunity, and ability to explain themselves, and listens to the client with the intent to understand them, without diminishing their feelings or without immediately giving advice;
- 3.4 informs the client that pertinent information will be shared with the health care team and identifies the general composition of the health care team;
- 3.5 is aware of own verbal and non-verbal communication style and how clients might perceive it;
- 3.6 adapts their communication style, as necessary, to meet the needs of the client (e.g. to accommodate a different language, literacy level, developmental stage, or cognitive status);
- 3.7 recognizes that all behaviour has meaning and seeks to understand the cause of a client's comments, attitude, or behaviour;
- 3.8 considers the client's level of understanding and discusses the client's beliefs and wishes when establishing the nurse-client relationship;
- 3.9 advocates on client's behalf and encourages them to advocate on their own behalf;
- 3.10 refrains from maintaining any mode of communication with clients outside the nurse-client relationship;
- 3.11 refrains from self-disclosure unless it meets a specific, identified client need;
- 3.12 listens to and respects the client's values, opinions, needs and ethnocultural beliefs and integrates these elements into the care plan; and
- 3.13 plans for the termination of the nurse-client relationship with the client, throughout the episode of care.

Standard 4: Protection from Harm

The nurse protects the client from harm by ensuring that abuse is prevented or stopped and reported.

The nurse:

- 4.1 determines whether touching the client is appropriate, supportive and within the therapeutic boundaries (British Columbia College of Nursing Professionals, 2018);
- 4.2 refrains from discrimination on the basis of a person's race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socio-economic status, or any other attribute (Canadian Nurses Association [CNA], 2017);
- 4.3 refrains from any behaviours with a client that may be perceived to be romantic, sexually suggestive, exploitive, and/or **sexually abusive**;
- 4.4 refrains from any personal relationship with a client;
- 4.5 refrains from physical, verbal, and non-verbal behaviours toward a client that demonstrate disrespect and/or are perceived as abusive;
- 4.6 refrains from activities that could result in monetary, personal, or other material benefit, gain or profit for the nurse or result in monetary or personal loss for the client;
- 4.7 intervenes and reports verbal and non-verbal behaviours toward a client that demonstrate disrespect for the client;
- 4.8 intervenes and reports behaviours toward a client that may be perceived by the client and/or others to be violent, threatening or intended to inflict physical harm²;
- 4.9 intervenes and reports situations when there is reasonable grounds to believe that another health care provider has **sexually abused** a client; and
- 4.10 refuses any request to take on the position of **power of attorney** for anyone who is or has been a client.

² Under the [Family Services Act](#), the public and professionals such as nurses have a duty to report suspected cases of child abuse/neglect to the Department of Social Development. The [Family Services Act](#) also authorizes professionals such as nurses to disclose information to the Department of Social Development about suspected cases of adult abuse/neglect.

Glossary

Care plan: An individualized and comprehensive plan guiding the nursing care for a client. The purpose is to enhance communication between care providers so care is provided consistently, and client goals are achieved (NSCN, 2019b).

Client: Individuals, families, groups, populations, or entire communities who require nursing expertise. The term “client” reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2018).

Client abuse: The misuse of power or a betrayal of trust, respect or intimacy between the nurse and the client, which may cause physical or emotional harm (NANB, 2020a). This includes all types of abuse, such as:

- neglect (e.g., failing to provide the necessities of life);
- physical abuse (e.g., striking a client or causing discomfort);
- verbal/emotional abuse (e.g., shouting at or insulting a client);
- financial abuse (e.g., soliciting gifts from a client); or
- sexual abuse (e.g., inappropriately touching a client).

Communication: The transmission of verbal and/or non-verbal messages between a sender and a receiver for the purpose of exchanging or disseminating meaningful, accurate, clear, concise, complete, and timely information (includes the transmission using technology) (NSCN, 2017).

Confidentiality: The ethical obligation to keep someone’s personal and private information secret or private (CNA, 2017).

Diversity: The variation between people in terms of a range of factors such as ethnicity, national origin, race, gender, gender identify, gender expression, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socio-economic class or life experiences (Registered Nurses Association of Ontario, 2007).

Duty to provide care/Duty to care: Nurses have a professional duty and a legal obligation to provide persons receiving care with safe, competent, compassionate, and ethical care. There may be some circumstances in which it is acceptable for a nurse to withdraw from care provisions or to refuse to provide care (NANB, 2020b). For more information, please consult the following document: [Practice Guideline: Duty to Provide Care](#).

Fiduciary duty: An obligation to act in the best interest of another. A person acting in a fiduciary capacity is held to a high standard of honesty and must not obtain a personal benefit at the expense of the client (Litman, 2013).

Power of attorney: A power of attorney is a legal document created to allow someone, or perhaps different people, the authority to act for you in relation to your property, financial affairs and/or personal care (Public Legal Education & Information Service of New Brunswick, 2018).

Sexual abuse/Sexually abusive/Sexually abused: Form of professional misconduct and means: sexual intercourse or other forms of physical sexual relations between the nurse and the client; or 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 (NANB, 2002).

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Appendix A: Differences Between a Nurse-Client Relationship and a Personal Relationship³

Characteristic	Professional Relationship (Nurse-Client)	Personal Relationship (Casual, Friendship, Romantic, Sexual)
Behaviour	Regulated by a code of ethics and professional standards	Guided by personal values and beliefs
Remuneration	Nurse is paid to provide care to client	No payment for being in the relationship
Location of Relationship	Place defined and limited to where nursing care is provided	Place unlimited; often undefined
Purpose of Relationship	Goal-directed to provide care to client	Pleasure, interest-directed
Balance of Power	Unequal power – Nurse has more power due to authority, knowledge, influence, and access to privileged information about client	Relatively equal
Responsibility for Relationship	Nurse is responsible for establishing and maintaining professional relationship, not the client	Equal responsibility to establish and maintain
Preparation for Relationship	Nurse requires formal knowledge, preparation, orientation, and training	No formal requirement
Time Spent in Relationship	Exists during the episode of care	Personal choice for how much time is spent in relationship

³ NSCN (2019a)

Appendix B: Giving and Accepting Gifts

Nurses should abstain from accepting gifts at the risk of being in conflict of interest unless, in rare instances, the refusal will harm the nurse-client relationship.

When considering accepting a gift from a client the nurse should consider:

- employer policy on giving and/or receiving of gifts;
- whether the client is mentally competent;
- the client's intent and expectation in offering the gift (that is, will the client expect anything in return, or will the nurse feel a special obligation to that client over others);
- the appropriateness of the timing (for example, on discharge versus Valentine's Day);
- the potential for negative feelings on the part of other clients who may not be able to, or choose not to give gifts;
- the monetary value and appropriateness of the gift; and
- whether accepting the gift would change the dynamics of the therapeutic relationship.

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;
- the client is clear that the nurse does not expect a gift in return;
- it does not change the dynamics of the relationship between 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.

Appendix C: Warning Signs Regarding Boundary Crossing in the Nurse-Client Relationship

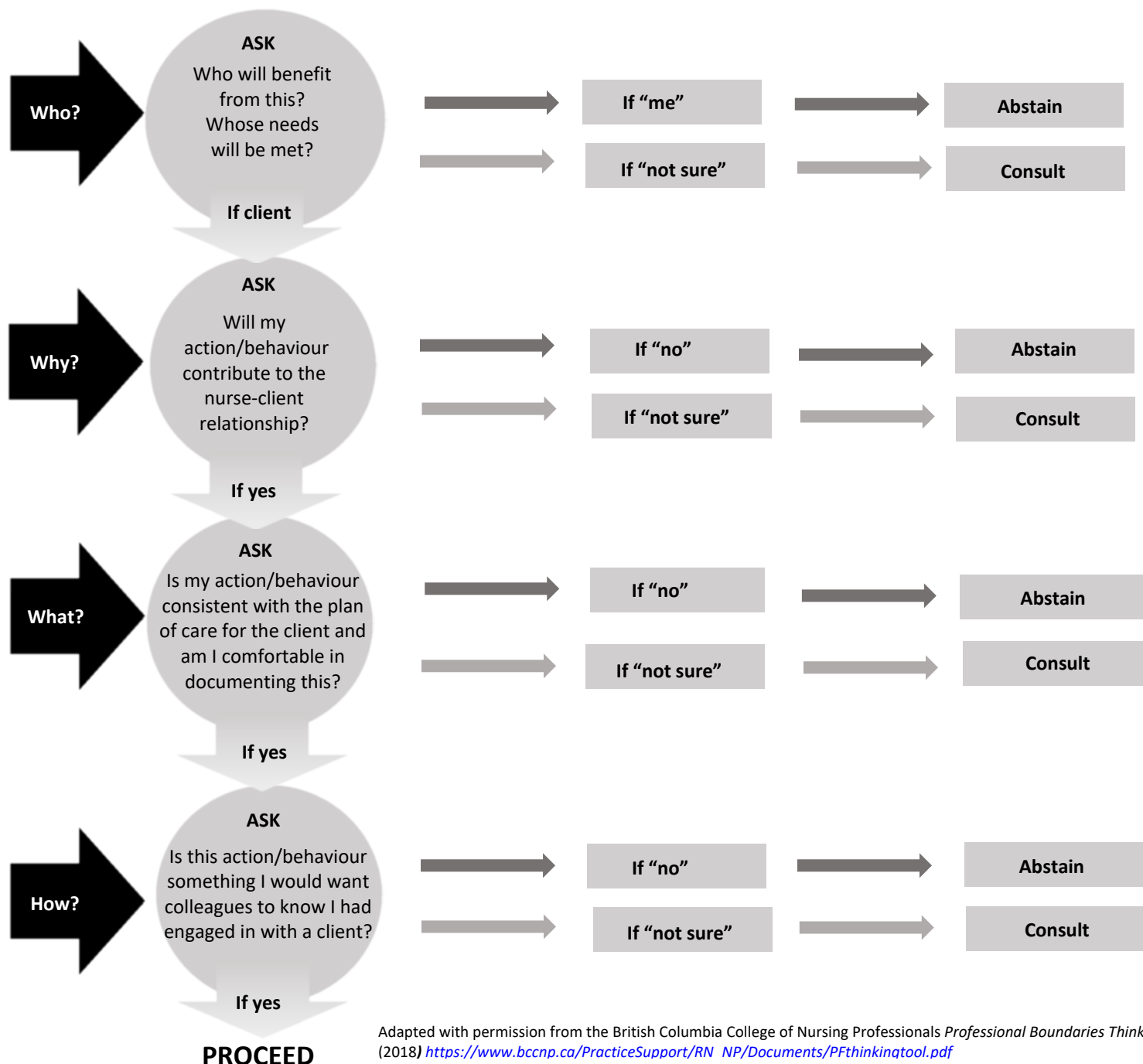
The following examples may indicate a nurse is crossing the boundaries of the nurse-client relationship. The nurse is:

- 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 client;
- dressing differently when seeing a client;
- thinking about the client frequently when away from work;
- being guarded or defensive when someone questions nursing 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's personal contact information (e.g. cell phone number, email address or adding a client as a friend on social networking sites), (CNO, 2019).

If one or more of these signs are present in a nurse-client relationship, further assessment of all aspects of the relationship is needed to determine if professional boundaries are being crossed.

Appendix D: Decision Tree

The lines between acceptable behaviour and boundary crossing may not always be clear. The decision tree should be used while considering all components of the nurse-client relationship. The tool may also be useful for determining if a nurse should engage in or abstain from a behaviour, and whether or not to consult NANB for further guidance.



Adapted with permission from the British Columbia College of Nursing Professionals *Professional Boundaries Thinking Tool* (2018) https://www.bccnp.ca/PracticeSupport/RN_NP/Documents/PFthinkingtool.pdf

Appendix E: Providing Nursing Services to Family, Friends or Acquaintances

The [*Standards for the Practice of Primary Health Care Nurse Practitioners*](#) speak directly to providing care to friends and family members. Indicator 1.14 states that nurse practitioners “practice within the context of a therapeutic nurse-client relationship, directing friends and family members to seek care from other health care providers” (p.7).

However, the registered nurse (RN) may be required to care for family, friends, or acquaintances. This is likely to happen in small communities and can happen in any practice setting. 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. Some clients may not be comfortable with receiving nursing services from someone with whom they have a prior relationship.

Self-awareness/reflection: RNs 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 necessary to ascertain that providing care to a family member or friend does not interfere with the care of other clients or with the dynamics of the health care team.

Maintaining Boundaries: Professional boundaries must be clearly set, ensuring the client understands that even though a family member or friend, the RN is in a professional role. RNs must refrain from using their power as a healthcare professional to gain access to more information than is required to provide safe care (NSCN, 2019a).

Confidentiality: A RN caring for family or friends needs to carefully consider issues of confidentiality, using caution to avoid revealing information about the client, even after the nurse-client relationship ends.

Appendix F: When to Terminate the Nurse-Client Relationship

Nurses enter into a nurse-client relationship with a commitment to provide their clients with safe, competent, ethical, and compassionate care. When circumstances affect the nurse's ability to achieve this, they may decide it is necessary to end the nurse-client relationship. In some cases, it may be the client who decides to end the relationship.

Ending the nurse-client relationship while the client still requires care should only occur when all other possibilities have been considered. Nurses are accountable for appropriately establishing, maintaining, and terminating the nurse client relationship. They are required to:

- negotiate a mutually acceptable withdrawal of service with the client; or
- arrange for suitable, or replacement services; or
- allow the employer a reasonable opportunity for alternative or replacements services to be provided (NANB & NBNU, 2019).

A nurse is expected to apply good clinical judgment and compassion in each case to determine the most appropriate course of action. Clients are to be treated with respect and without discrimination during all stages of the nurse–client relationship, even if the relationship faces early termination.

Nurses are required to use reasonable efforts in attempting to resolve any issues affecting their relationship with the client prior to any final decision (i.e. reasonable efforts include discussing with the client the elements that are necessary for a nurse-client relationship and the situations affecting the nurse's ability to provide quality care). If nurses are uncertain whether or not it is professionally acceptable to end a nurse-client relationship, they are advised to contact the [NANB](#) and/or the [Canadian Nurses Protective Society](#).

Trust and respect are essential elements in a nurse-client relationship. Situations in which there is a breakdown of trust between the nurse and the client may result in a decision to end a nurse-client relationship, while the client still requires care. This may occur when there has been:

- client fraud, such as for the purpose of obtaining narcotics or other drugs;
- prescription fraud, such as client changing information on nurse practitioner prescription;
- serious threat of harm to the nurse;
- other forms of inappropriate behaviour (inappropriate behaviour can include foul language, rudeness, etc.); and/or
- a conflict of interest that compromises the nurse's ability to provide nursing care.

Situations where it is inappropriate for a nurse to end a nurse-client relationship before the episode of care has ended include:

- dismissing a client based on any prohibited ground in the Human Rights Code (including race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity and expression, age, marital status, family status or disability). This may lead to an allegation of discrimination, which could lead to a proceeding before the Human Rights Tribunal.
- The client chooses not to follow treatment advice or the plan of care. Clients are entitled to make decisions about their health care, including their decisions about healthcare treatment and lifestyle. A nurse-client relationship should not end because the client makes a choice that the nurse does not agree with, including the choice to not adhere to the plan of care.

Communicating a decision to terminate a nurse-client relationship⁴

Nurses must have a transparent and evidence-informed rationale for ending the nurse-client relationship. This should be shared with the client when appropriate, and documented in the client's health record.

⁴ Further information for NPs is available in the [Standards for the Practice of Primary Health Care Nurse Practitioners](#).



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