

Therapeutic Relationships and Professional Boundaries

Practice Direction

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Practice directions assist practical nurses in understanding their responsibilities and legal obligations, enabling them to make safe and ethical decisions within their practice. Practical nurses are expected to comply with the information disseminated in practice directions. Failure to do so may result in investigation for misconduct and/or an audit of the nurse's practice.

Purpose

The purpose of this practice direction is to provide practical nurses¹, employers, and the public with information regarding the nurse's responsibility to establish a therapeutic relationship with each client, and to maintain professional boundaries in the therapeutic relationship.

The Therapeutic Relationship

The nurse has a responsibility to ensure that their relationship with each client is a professional, therapeutic relationship.

A therapeutic relationship is one that:

- is established and maintained to meet the client's needs
- remains focused on the client's therapeutic needs
- optimizes the client's health and health outcomes, and
- provides the foundations for safe, competent, ethical and compassionate nursing care.

In order to build and maintain effective therapeutic relationships, the nurse:

- develops mutual trust and respect between nurse and client
- demonstrates empathy toward the client
- acknowledges the client's position of relative vulnerability in the relationship, resulting from the client's reliance on the nurse for nursing care and the intimate nature of the services nurses provide, and
- acknowledges, and is careful not to misuse, the nurse's position of relative power in the relationship, resulting from the nurse's specialized knowledge, influence within the care setting, and access to client personal information.

When the client no longer requires nursing care from the nurse, the nurse has a responsibility to conclude the therapeutic relationship. This means that the nurse must not agree to, or imply that there might be, an ongoing relationship between the nurse and client. Maintaining a relationship with a former client may be a boundary violation. See more on boundary violations below.

¹ In this document, the term "practical nurse" or "nurse" refers to all CLPNM registrants, including licensed practical

nurses, graduate practical nurses, and student practical nurses.

The Continuum of Professional Behaviour

A therapeutic relationship is one that remains within the therapeutic zone on the continuum of professional behaviour.



Fig. 1 Image adapted with permission from National Council for State Boards of Nursing (2018). [A Nurse's Guide to Professional Boundaries](#).

When a nurse becomes under- or over-involved with a client, the goals of the therapeutic relationship are put at risk, as is the client's health and well-being.

Under-involvement refers to disinterest, avoidance or neglect of a client and their needs. Over-involvement refers to an unnecessary focus on a client, which goes beyond what is necessary for their care, or providing care beyond the nurse's job. (It is important to note that over-involvement does not refer to a nurse appropriately prioritizing a client's needs because of increased complexity.)

Under-involvement may put the client at risk, because their care needs may not be met. Over-involvement can harm the client, when that over-involvement violates the boundaries of the professional therapeutic relationship. Over-involvement can also affect the recovery of other clients. For instance, the nurse may fail to allocate their time appropriately, and may fail to identify and address other clients' needs. Over-involvement with one client may also lead other clients to feel that their health is not important to the nurse, causing them to refrain from seeking assistance.

Professional Boundaries

One of the ways that the nurse can ensure that their relationship remains within the therapeutic

zone is by establishing and maintaining professional boundaries.

Professional boundaries create the framework for the therapeutic relationship. These boundaries separate the nurse's therapeutic behaviour from any action that, well-intended or not, could diminish the benefit of care to a client. Healthy professional boundaries protect the therapeutic relationship and allow respect for both parties.

Professional boundaries must be established and maintained, both on-duty and off-duty, once a therapeutic nurse-client relationship has been initiated.

As a regulated health professional, the nurse is trusted to recognize the power differential inherent in the therapeutic relationship. Because of the nurse's unique position in the relationship, it is the nurse's responsibility to maintain professional boundaries, not the client's.

The nurse is expected to uphold various types of professional boundaries. Some of these boundaries are clearly defined; others are less clear. Often, the nurse must consider the context to determine whether a certain action or behaviour could be a boundary violation in that context.

The nurse must resolve these issues by using an ethical decision-making framework, applying professional judgment and critical thinking, and considering the client's interests above all. Nurses are encouraged to refer to the decision-making tool included below as Appendix A.

Boundary Crossings

Boundary crossings are "brief excursions across boundaries that may be inadvertent or even purposeful if done to meet a client's specific therapeutic need" (NCSBN p. 3).

Before deciding to temporarily cross a boundary to meet a client need, the nurse must evaluate the context to determine how the nurse's actions might impact the client and the integrity of the therapeutic relationship. Even when the nurse's actions might seem appropriate, a boundary crossing is not acceptable if it benefits the nurse at the expense of the client, or if it risks confusing the client regarding the nature of the client's relationship with the nurse.

Disclosing a small amount of information about the nurse's personal life is an example of a boundary crossing that may be intentional, with the goal of building rapport and trust with the client. While the nurse's choice to share information may contribute to the therapeutic relationship, the nurse must be cautious, as sharing personal information may inadvertently lead to over-disclosure (a boundary violation), which may damage the therapeutic relationship.

Other boundary crossings may be unintentional. Whenever a nurse identifies that they have crossed a boundary, they must return to the established boundaries as soon as possible and evaluate the crossing for potential client consequences and implications to the therapeutic relationship.

Boundary Violations

Boundary violations can occur when the nurse places their own needs above those of the client, or when client's health outcomes are no longer the focus of the nurse's actions.

Boundary violations can also occur when the nurse fails to recognize appropriate boundaries or has not understood the client's boundaries. Boundary violations may cause harm to the client, whether the client recognizes the boundary violation or not.

The nurse is responsible for maintaining professional boundaries regardless of the

nursing domain in which they practise. All types of boundary violations may give rise to allegations and findings of professional misconduct.

Some examples of boundary violations include:

- benefiting financially from the nurse-client relationship, beyond accepting payment for services
- offering gifts to clients, or accepting gifts beyond small customary tokens of appreciation
- over-disclosure of the nurse's personal information
- providing care beyond one's job
- entering into a personal relationship with a client
- engaging with clients or former clients through personal social media accounts, and
- failing to demonstrate sensitivity to religious, spiritual, and cultural beliefs and values when identifying the client's boundaries.

Some examples of extreme boundary violations include:

- sexual misconduct
- abuse (physical, verbal, emotional, sexual, or financial), and
- neglect.

These topics are discussed further below.

Financial or Material Gain

The nurse must not benefit financially or materially from the nurse-client relationship beyond accepting payment or a salary for their nursing services.

A nurse must never assist a client or former client with personal banking or financial affairs. Similarly, the nurse must never borrow, or attempt to borrow, money from a client or

former client or influence a client or former client to change their will or power of attorney in any way that will benefit the nurse.

The nurse must not promote any side-business to clients that will financially benefit the nurse or the nurse's friends or family.

Gift Giving and Receiving

Giving and receiving gifts can be a boundary violation because doing so may:

- suggest that there is a special relationship between the nurse and client and
- set an expectation for, or create the appearance of, preferential treatment.

For these reasons, the nurse must:

- not offer gifts to clients
- not accept gifts from clients beyond small customary tokens of appreciation, of nominal monetary value, when the nurse has applied professional judgment and determined that:
 - accepting the gift will not likely create a client expectation for preferential treatment or a special relationship, and
 - declining the gift would harm the therapeutic relationship, and
- respectfully decline if a client suggests they would like to offer a gift of more than nominal value and explain why they cannot accept. The nurse may suggest that the client consider donating to a registered charity as an alternative.

The nurse should consult their employer's policies for further guidance before accepting gifts.

Over-Disclosure

Over-disclosure of the nurse's personal information is an example of a behaviour that may violate professional boundaries. While the nurse might choose to share with the client the same amount of personal information that

might be shared in any polite and professional conversation, disclosing personal information that is detailed, intimate, or irrelevant to the client's therapeutic needs (e.g., information about the nurse's personal difficulties) violates the boundaries of the therapeutic relationship.

Over-disclosure may cause the client to feel pressure to provide emotional support to the nurse. It may also lead the client to expect that their relationship with the nurse is special, unique, and preferential. Therefore, while building rapport with clients is part of an appropriate therapeutic relationship, the nurse must be cautious about the extent to which they share personal information.

Personal Relationships with Clients

The nurse must also avoid blurring the lines between professional and personal relationships by avoiding social involvement with clients. The nurse must avoid entering into a friendship, business relationship, or romantic relationship with a client or a member of the client's family or support network. Engaging in a sexual relationship with a client is never acceptable and constitutes sexual misconduct. Read more on this below.

There may be times when the nurse's existing social circles overlap with those of a client. This may be difficult to avoid in some circumstances, particularly in small communities. When a nurse finds themselves in a social setting with a client, the nurse must be mindful of protecting client confidentiality and must apply professional judgment and critical thinking to ensure that their interaction with the client does not interfere with the therapeutic relationship.

Personal Relationships with Former Clients

When the therapeutic relationship has ended, the power imbalance between nurse and client may continue. Therefore, before initiating a

personal relationship with a former client, the nurse must:

- apply critical thinking and judgment,
- apply an ethical decision-making framework using the CLPNM Code of Ethics, and
- consider all of the following factors:
 - the client's capacity for decision-making
 - the client's vulnerability
 - the nature of the care that was provided to the client
 - the duration and intensity of the therapeutic relationship
 - the amount of time that has passed since the therapeutic relationship ended
 - the likelihood of the client needing professional care from the nurse in the future
 - whether the personal relationship developed as an extension of the therapeutic relationship or through an unrelated social connection
 - the degree of power imbalance that developed while the individual was a client, and the power differential that may remain, and
 - the potential for harm to the client resulting from confusion between the therapeutic and personal or social relationship.

The relationship's appropriateness diminishes as the overall risk increases in any one of the above statements.

The nurse must exercise caution, when initiating a social relationship with a former client, recognizing that their obligation to maintain client confidentiality continues and that, depending on the risk factors identified above, the relationship may be a boundary violation.

Providing Nursing Care for Family or Friends

The nurse must also avoid blurring the lines between professional and personal relationships by avoiding, when possible, entering a therapeutic relationship with a friend or family member.

There may be times when the nurse is unable to avoid playing a dual role. A dual role is any situation where a nurse is required to provide professional nursing services to a client who is also a family member or friend. A nurse may find themselves in a dual role when a family member or friend requires care, and no alternative caregiver is available. This may be more likely to happen in small communities, where the pool of available health care providers is small.

In this situation, the nurse must advise their supervisor of the situation and explore options to transfer the care of the family member or friend to another appropriate care provider, as soon as doing so becomes possible. The nurse must also set clear boundaries with the client and ensure that the client understands the nurse is providing care in their capacity as a professional.

Boundaries and Social Media

Information sharing has changed drastically in recent years due to technological advances. Social media is now a popular and common method for communication. A client, who develops a fondness for a nurse may express an interest in staying in touch beyond the therapeutic relationship's end through social media. Although accepting a "friend" request may seem harmless, social media can provide followers with a vast amount of personal information, opinions, images, and behaviour patterns. To avoid violating professional boundaries, the nurse must avoid engaging with clients through personal social media

accounts. For more information on the nurse's professional responsibilities related to social media, review the CLPNM's [Practice Direction on Social Media](#) available on the CLPNM website.

Sexual Misconduct

Sexual misconduct is an extreme example of a boundary violation, and depending on the circumstances, may also constitute criminal behaviour. Sexual misconduct encompasses a range of behaviours used to obtain sexual gratification against another's will or at the expense of another (NCSBN 2011). Even if the client consents or initiates sexual contact, a sexual relationship with a client is always sexual misconduct because it is an abuse of trust and the power differential inherent in the nurse-client relationship.

While it might seem like sexual misconduct is easy to recognize, there are subtleties the nurse must consider. Intercourse with a client is the most obvious form of sexual misconduct; however, any behaviour that the client may reasonably interpret as sexual is also regarded as sexual misconduct (NCSBN 2011).

Examples of behaviours that may be considered sexual misconduct include:

- not allowing a client privacy to dress or undress
- suggesting or discussing the possibility of a sexual relationship
- terminating a professional relationship for the purpose of entering into a sexual relationship
- making statements that are seductive or sexually demeaning, or statements regarding a client's body appearance, sexual history, sexual orientation, or gender identity
- photographing or filming the body of a client, other than for legitimate and

- defensible therapeutic purposes and with the client's consent, and
- showing a client sexually explicit material.

Sexual misconduct may result in CLPNM disciplinary action, which may include a license suspension or cancellation. Depending on the context, it can also result in criminal charges.

Abuse and Neglect

Abuse and neglect are also extreme examples of boundary violations. Abuse is an example of harmful over-involvement; neglect is an example of harmful under-involvement. Abuse is an ethical breach that can result from a misuse of power, a betrayal of trust, or a betrayal of the respect inherent in the nurse-client relationship.

Abuse may take many forms, including physical, verbal, emotional, sexual, and/or financial abuse. Mistreatment of a client may be considered abuse when it is reasonably likely to cause death, serious harm, or significant loss of property. Any form of client abuse is a serious boundary violation.

Neglect occurs when a nurse fails to meet the basic needs of a client who cannot meet the need themselves. Examples of client neglect may include:

- withholding or failing to provide minimally adequate care
- withholding the necessities of life such as clothing, food, fluid, required aids, equipment, and medication,
- withholding communication,
- confining, isolating, or ignoring the client, or
- denying the client privileges.

Note that withholding food and/or other treatments is not neglect when honouring the client's wishes for end-of-life treatment after comprehensive medical evaluation.

Abuse or neglect of a client may result in CLPNM disciplinary action including a licence suspension or cancellation, a report and investigation under *The Protection for Persons in Care Act*, and/or criminal charges.

Boundaries and Cultural Diversity

Cultural diversity recognizes the wide range of beliefs and social behaviours of different groups within society. The diversity in age, culture, and gender spectrum (along with many other client attributes) makes each client unique. These differences can add to the complexity involved in determining appropriate boundaries, as there may be variation in each client's threshold for experiencing an action as a boundary violation. The nurse can avoid potential boundary violations by understanding each client's needs and engaging in culturally sensitive practices.

Recognizing and Acting on Others' Boundary Violations

When the nurse has concerns about the professional boundaries of a colleague, the primary objective must be protecting the client. According to the CLPNM Standards of Practice, all practical nurses have a duty to identify, respond to, and report situations of unsafe practice or professional misconduct to appropriate authorities.

The nurse must ensure they are aware of their employer's policies on responding to and reporting boundary violations. Nurses should also review the CLPNM's [Duty to Report Interpretive Document](#).

Boundaries and the Team

Just as the therapeutic nurse-client relationship is defined by boundaries, so too is the nurse's relationship with other members of the health care team. Effective interprofessional collaboration, and safe practice environments,

rely on effective team functioning. Effective team functioning, in turn, relies on maintaining appropriate and healthy professional boundaries with colleagues. Nurses are encouraged to consult their employer policies on boundaries within the team, and to review the CLPNM's [Practice Direction on Interprofessional Collaborative Care](#).

For More Information

Visit our website at www.clpnm.ca for more information and resources.

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About the CLPNM

The CLPNM is the governing body for the licensed practical nursing profession in Manitoba. Mandated to govern its members in a manner that serves and protects the public interest, the CLPNM establishes practice requirements for the provision of safe and effective nursing care.

References

The following documents were consulted during the development of this practice direction.

British Columbia College of Nurses and Midwives (2020). [Professional Boundaries Thinking Tool](#).

British Columbia College of Nurses and Midwives (2020). [Practice Standard for BCCNM Nurses: Boundaries in the Nurse-Client Relationship](#).

College and Association of Registered Nurses of Alberta (2020). [Professional Boundaries: Guide for the Nurse Client Relationship](#).

College of Licensed Practical Nurses of Alberta (2019). [Practice Guidelines: Professional Boundaries](#).

College of Licensed Practical Nurses of Manitoba (2004). [Standards of Practice](#).

College of Licensed Practical Nurses of Manitoba (2014). [Code of Ethics](#).

College of Registered Nurses of Manitoba (2019). [Professional Boundaries for Therapeutic Relationships](#).

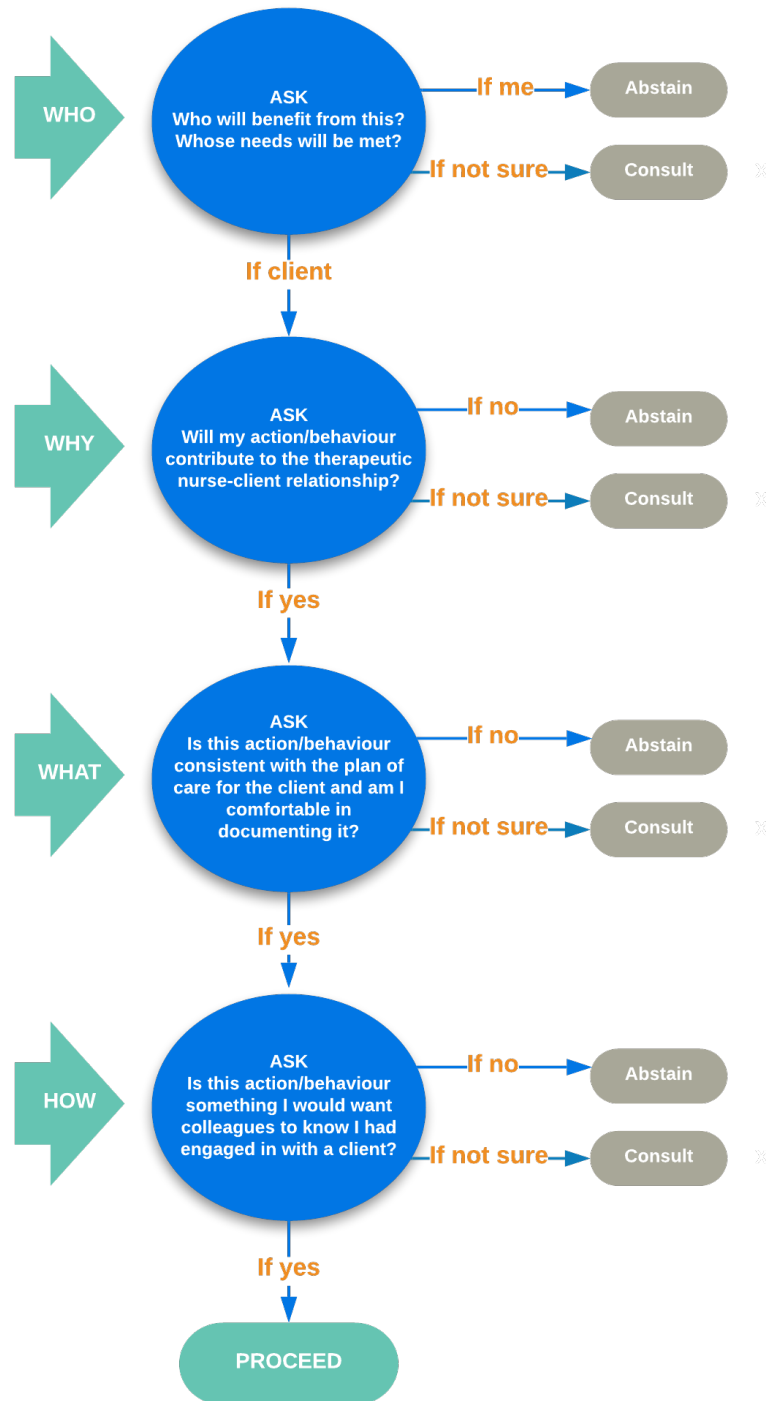
College of Registered Psychiatric Nurses of Manitoba (2017). [Practice Direction: Professional Boundaries in Psychiatric Nursing](#).

College of Nursing of Ontario (2006). [Therapeutic Nurse-Client Relationship](#).

National Council for State Boards of Nursing (2018). [A Nurse's Guide to Professional Boundaries](#).

Nova Scotia College of Nursing (2019). [Professional Boundaries and the Nurse-Client Relationship](#).

Appendix A Professional Boundaries Thinking Tool



Adapted with permission from [Professional Boundaries Thinking Tool](#), BCCNM, 2020.