

# Professional Boundaries for Therapeutic Relationships

## Interpretive Document

As the professional regulatory body for registered nursing, the College of Registered Nurses of Manitoba has the legislated responsibility to ensure that the public receives safe, competent and ethical registered nursing care. The therapeutic relationship between the nurse and client\* is a foundational facet of registered nursing practice and is an expected entry-level competency for registered nurses in Manitoba. Professional boundaries create the framework for the therapeutic relationship. This document outlines the expectations of registered nurses in establishing and maintaining appropriate professional boundaries within the therapeutic relationship with clients. Additional guidance and clarification is provided by the *Standards of Practice for Registered Nurses*, the Canadian Nurses Association *Code of Ethics for Registered Nurses*, and provincial and federal legislation.

\*For the purposes of this document, client refers to an individual, family, significant other, community and/or population.

## Therapeutic Relationships

A therapeutic relationship is a planned, goal-directed and contractual connection between a registered nurse and a client for the purpose of providing care to the client in order to meet the client's therapeutic needs. Therapeutic relationships occur along a dynamic continuum with the goal of providing registered nursing care in the "zone of helpfulness" (Figure 1).

## Components of a Therapeutic Relationship

There are a number of components inherent to the therapeutic relationship between the registered nurse and the client (CNO, 2009) including:

### Respect

The basis for the therapeutic relationship is the respect for the dignity, worth and rights of the client. The client's unique personal experience is worthy of the deepest respect. Nurses demonstrate the intrinsic worth of a person when they maintain "appropriate boundaries and ensure their relationships are always for the benefit of the persons they serve" (CNA, 2008, p.13)

### Trust

Clients trust that registered nurses possess the requisite knowledge, abilities and skills to provide them with safe and competent care. Clients also trust that nurses will protect the confidentiality of the information obtained in the context of the professional relationship. Nurses are expected to safeguard this trust by maintaining a therapeutic relationship.

### Empathy

Registered nurses provide compassionate and ethical care in their nursing practice. This requires nurses to demonstrate empathy and understanding of the health care

experience for the client. Appropriate emotional distance is required in order to remain objective and professional in responding to the client while remaining in the zone of helpfulness.

### Power

In the nurse-client therapeutic relationship there is an imbalance of power as a result of the nurse's authority in the health care system, specialized knowledge, access to private information, ability to influence decisions and the client's dependence on the nurse. There is potential to abuse this power and the nurse must remain cognizant of the purpose of the therapeutic relationship in order to prevent abuse.

### Professional Intimacy

Professional intimacy relates to physical, psychological, emotional and/or spiritual elements that create a sense of closeness within the therapeutic relationship. The client's disclosure of their personal information also constitutes professional intimacy. Due to the professional intimacy inherent in the nurse-client relationship, maintaining therapeutic boundaries by the registered nurse is essential.

## Differences Between Professional and Personal Relationships

The main differences between professional and personal relationships from the nursing perspective are highlighted in Table 1.

## Boundaries of Therapeutic Relationships

Professional boundaries identify the parameters of the therapeutic relationship in which registered nurses provide care for the purpose of meeting the client's therapeutic needs. The registered nurse is accountable and takes responsibility for setting and maintaining the boundaries of a therapeutic relationship regardless of the client's actions or requests.

### Boundary Crossings

There can be circumstances in which the registered nurse makes a conscious decision to deviate from the established boundaries (i.e. self-disclosure – see below). The purpose of "crossing" the therapeutic boundary is to further meet the client's therapeutic needs. "These crossings are brief, intentional excursions across the line and there is a clear return to the established limits of the professional relationship within a short period of time" (CRNNS, 2002,

p.8). The behaviours are considered unacceptable when they focus on or meet the nurse's personal needs and/or pose a risk to the therapeutic relationship.

### Boundary Violations

A boundary violation occurs when the client's needs are no longer the focus of the therapeutic relationship. "A boundary violation is typically characterized by a reversal of roles, secrecy, the creation of a double bind for the client and the indulgence of personal privilege by the professional" (CARNA, 2005, p. 5). Registered nurses must understand the potential for negative client outcomes if boundary violations occur. Client consent to or initiation of a personal relationship is not a defense. Nurses are to act as a client advocate and when appropriate, intervene to prevent or stop boundary violations.

The following activities may violate boundaries of the therapeutic relationship:

- **Accepting Gifts from Clients**

Registered nurses must carefully consider the implications of gifts. In most instances the nurse should decline accepting a gift from a client. In the absence of employer policy outlining the way in which gifts from clients are to be handled, nurses should only accept a token gift when the client initiates the gift-giving and giving the gift provides therapeutic value to the client. If declining the token gift will harm the therapeutic relationship the nurse should consult with his/her employer. If a client wishes to acknowledge the quality of their care by giving a large gift, a possible solution is to direct gifts to foundations or scholarship funds.

- **Self-Disclosure**

Self-disclosure in a therapeutic relationship can be considered useful when it is for the purpose of providing reassurance, building rapport or for supporting a client to meet their desired health care goals. Disclosing personal information that is lengthy, irrelevant or is intimate in nature is not acceptable as it diverts from a professional therapeutic relationship and outside of the zone of helpfulness. Questions to consider: How will this self-disclosure benefit in meeting the client's health care needs? Is the self-disclosure consistent with the care plan? (NCSBN, 2011)

- **Commencing a Social Relationship with a Former Client**

When contemplating initiating a relationship with a former client, there are a number of factors that the

impact on the well-being of the client; whether the client is likely to require the nurse's care again; and other possible factors that may affect the ability of the client to act freely. After a therapeutic relationship ceases and where a social relationship may develop between the nurse and client, aspects of the therapeutic relationship remain in place, such as the requirement for confidentiality of information obtained through the therapeutic relationship.

- **Entering a Therapeutic Relationship with Family, Friends or Acquaintances**

On occasion, registered nurses may find themselves in the position of being expected to provide nursing care to family, friends or acquaintances. While this is generally not appropriate, due to the inherent conflict of interest present in the relationship, there may be circumstances where such a situation is unavoidable. Prior to entering into a therapeutic relationship under these circumstances, the nurse should ensure that attempts to exercise other options have been exhausted or that other options do not exist. The nurse must acknowledge the presence of an inherent conflict of interest, be aware of the potential difficulties in maintaining professional boundaries between the personal and the therapeutic relationship and actively institute measures to manage the situation. In communication with the client, the nurse must acknowledge that while a social relationship exists, the client can expect to be treated professionally and that information exchanged during the therapeutic relationship will be kept confidential even after the therapeutic relationship ends.

## Behaviours that are Unacceptable in a Therapeutic Relationship

The following activities constitute a violation of boundaries of the therapeutic relationship:

- Abuse (physical, emotional, verbal, sexual or financial)
- Commencing a social/personal relationship with a client (this includes engaging with clients on a social networking site)
- Neglect
- Acting as a representative for clients under powers of attorney or representation agreements
- Utilizing information obtained in the therapeutic relationship for the advantage of the nurse or disadvantage of the client
- Exploiting the therapeutic relationship for the registered nurse's emotional, financial, sexual or personal advantage or benefit

## Actions to be Taken

To be successful at establishing and maintaining therapeutic relationships, registered nurses must adopt effective strategies to manage the limits or boundaries of therapeutic relationships. Strategies the nurse might consider using include the following practices:

- Understanding the limits of the therapeutic relationship
- Understanding the continuum of a therapeutic relationship and what contributes to maintaining the nurse-client relationship within the zone of helpfulness
- Establishing, maintaining and communicating professional boundaries with the client
- Avoiding dual (therapeutic and social) relationships to the extent possible
- Adhering to the plan of care
- Communicating the expectations for and limits of confidentiality
- Being sensitive to the context in which the care is provided
- Implementing reflective practice
- Terminating the therapeutic relationship

Registered nurses help colleagues to maintain professional boundaries. Since boundary violations are usually unintended, a nurse is often not aware they have crossed a boundary. Under such circumstance, it may be easier for a nurse to address with a colleague a boundary violation the colleague may have committed, and easier for individual nurses to be approached by a colleague in the event of a violation.

Registered nurses who are concerned about potential boundary violations are encouraged to call our nursing practice consultants for assistance or contact their employee assistance program.

## References

College and Association of Registered Nurses of Alberta (2005). *Professional boundaries for registered nurses: Guidelines for the nurse-client relationship*.

College of Nurses of Ontario (2009). *Therapeutic Nurse-Client Relationship, Revised 2006*.

College of Registered Nurses of Nova Scotia (2002). *Professional boundaries and expectations for nurse-client relationships*.

National Council of State Boards of Nursing (2011). *Model nursing practice act and model nursing administrative rules*.

National Council of State Boards of Nursing (n.d.). *Professional boundaries - A nurse's guide to the importance of appropriate professional boundaries*. Retrieved from [www.ncsbn.org](http://www.ncsbn.org)

Revised: 09/2011

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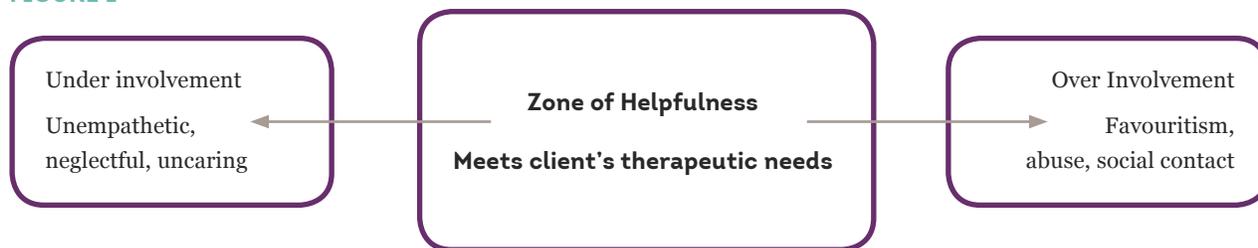
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This publication is provided for general information. For more specific information see our *Standards of Practice for Registered Nurses*, the Canadian Nurses Association *Code of Ethics for Registered Nurses* and the *Registered Nurses Act and Regulations*.

Our publications are available on our website at [www.crnmb.ca](http://www.crnmb.ca)

**FIGURE 1**



**Figure 1:** Adapted from National Council of State Boards of Nursing, n.d.

**TABLE 1**

Characteristic	Professional Relationship (Nurse - Client)	Personal Relationship (Casual, Friendship, Romantic, Sexual)
<b>Behaviour</b>	Regulated by a code of ethics and professional standards	Guided by personal values and beliefs
<b>Remuneration</b>	Nurse is paid to provide care to client	No payment for being in the relationship
<b>Length of Relationship</b>	Time-limited for the length of the client's need for nursing care	May last a life-time
<b>Location of Relationship</b>	Place defined and limited to where nursing care is provided	Place unlimited; often undefined
<b>Purpose of Relationship</b>	Goal directed to provide care to client	Pleasure, interest-directed
<b>Structure of Relationship</b>	Nurse provides care to client	Spontaneous, unstructured
<b>Balance of Power</b>	Unequal; nurse has more power due to authority, knowledge, influence and access to privileged information about client	Relatively equal
<b>Responsibility for Relationship</b>	Nurse (not client) responsible for establishing and maintaining professional relationship	Equal responsibility to establish and maintain
<b>Preparation for Relationship</b>	Nurse requires formal knowledge, preparation, orientation and training	Does not require formal knowledge, preparation, orientation and training
<b>Time Spent in Relationship</b>	Nurse employed under contractual agreement that outlines hours of work for contact between the nurse and client	Personal choice for how much time is spent in the relationship

**Table 1:** Adapted from British Columbia Rehabilitation Society (now known as the Vancouver Hospital & Health Sciences Centre), cited in CARNA, 2005