

# Professional Boundaries

Guidelines for the Nurse-Client Relationship

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## Purpose

Healthy professional boundaries keep the nurse-**CLIENT**<sup>1</sup> relationship safe and respectful. Professional boundaries separate therapeutic behaviour of the nurse<sup>2</sup> from any behaviour which, well-intended or not, could decrease the benefit of care. These guidelines define the professional boundaries that result in a **THERAPEUTIC RELATIONSHIP** between a nurse and the client. Nurses in all domains of practice, whether they are an employee or a volunteer, must recognize the importance of professional boundaries for the **NURSE-CLIENT RELATIONSHIP** and the differences between a therapeutic relationship and a social relationship.

The purpose of this document is to:

- define professional boundaries for the nurse;
- outline expectations for appropriate therapeutic relationships with clients;
- identify the actions to take when a colleague is exhibiting signs of a boundary violation.

These guidelines are grounded in the ethical responsibilities in the Canadian Nurses Association's (CNA) *Code of Ethics for Registered Nurses* (2017) and the concepts, **PRINCIPLES**, directions, and guidance align with the following College and Association of Registered Nurses of Alberta (CARNA) documents:

- *Practice Standards for Regulated Members* (2013)
- *Entry-Level **COMPETENCIES** for the Practice of Registered Nurses* (2019)
- *Protection of Patients from **SEXUAL ABUSE** and **SEXUAL MISCONDUCT** Standards* (2019)
- *Camp Nursing: Guidelines for Registered Nurses* (2015)

Amendments to the Health Professions Act (HPA) (2000) in April 2019 increased sanctions for registrants when there is a finding of sexual abuse or sexual misconduct. The CARNA document *Protection of Patients from Sexual Abuse and Sexual Misconduct Standards* (2019) outlines the expectations for the nurse and their relationship with a patient that strengthens the protection of patients<sup>3</sup> from sexual abuse and sexual misconduct by nurses. The amendments to HPA (2000) define sexual abuse as "the threatened, attempted, or actual

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<sup>1</sup> Words or phrases displayed in **BOLD CAPITALS** upon first mention are defined in the glossary.

<sup>2</sup> The term "nurse" includes all CARNA registrants such as registered nurses, graduate nurses, certified graduate nurses, nurse practitioners, graduate nurse practitioners, and RN and NP courtesy registrants. The terms "nurse", "registrant", and "regulated member" are used interchangeably within this document.

<sup>3</sup> The term 'patient' in this document is used when referring to *HPA* or *Protection of Patients from Sexual Abuse and Sexual Misconduct Standards* (2019) to be consistent with the wording used in the legislation and the standards.

conduct of the nurse towards a patient that is of a **SEXUAL NATURE**". 'Sexual nature' does not include any conduct, behaviour, or remarks that are appropriate when providing care. Sexual abuse includes any

- sexual intercourse between the nurse and a patient of that nurse;
- genital to genital, genital to anal, oral to genital, or oral to anal contact between the nurse and a patient of that nurse;
- masturbation of the nurse by, or in the presence of, a patient of that nurse;
- masturbation of the nurse's patient by that nurse;
- encouraging the nurse's patient to masturbate in the presence of that nurse;
- touching of a sexual nature of a patient's genitals, anus, breasts, or buttocks by the nurse.

Nurses must be aware of these amendments, as a finding of sexual abuse by the Hearing Tribunal against the nurse mandates cancellation of their practice permit. HPA prohibits sexual relationships between the nurse and a client; therefore, the nurse must ensure termination of the nurse-client therapeutic relationship before engaging in a sexual relationship with a former client.

For the purposes of the sexual abuse provisions in the HPA, an individual is considered to be a client for a one-year period after the date of the last clinical encounter where the nurse provided a **HEALTH SERVICE**. As a result, the nurse must not engage in the sexual acts described in the definition of sexual abuse with an individual for a minimum of one year after the last clinical encounter. This one-year period is only for the purposes of the sexual abuse provisions in the HPA.

# Guidelines

The nurse has the knowledge, skill, and judgement to identify and set boundaries in the therapeutic nurse-client relationship. The following four guidelines provide the nurse with direction for therapeutic nurse-client relationships and professional boundaries.

## Guideline 1

The nurse is accountable for establishing therapeutic relationships with their clients.

The nurse's **RESPONSIBILITY** is to apply these guidelines in whichever domain of practice they practise in, including providing direct care, in teaching relationships with students and colleagues, with research participants, administration and management roles, and in collaborative relationships with other health-care professionals.

## The nurse-client relationship

The nurse establishes a therapeutic nurse-client relationship by using professional knowledge, skills, and attitudes. This relationship contributes to the client's health outcomes and healing, and is fundamental for providing safe, competent, compassionate, and ethical nursing care.

The nurse-client relationship consists of four components that are always present, regardless of the length of the relationship: trust, respect, empathy and power (College of Nurses of Ontario [CNO], 2018).

### Trust

The client is in a vulnerable position when receiving health care, therefore establishing trust is a critical component of this relationship. Trust is established when a nurse is knowledgeable and responsible for their actions.

### Respect

Having respect means that nurses view every individual as being unique and recognize each person's dignity and worth, regardless of the client's personal attributes or social determinants of health.

## Empathy

Empathy involves a nurse understanding, validating and resonating with the client's health care situation, thus maintaining the appropriate emotional distance from which to provide a professional response and ensure objectivity (CNO, 2018).

## Power

In a nurse-client relationship, there is a power differential because the client is vulnerable due to the knowledge the nurse has of the client's personal health information.

## Guideline 2

The nurse is responsible for maintaining healthy professional boundaries, not the client.

While each therapeutic nurse-client relationship is unique, every relationship sits on a continuum of professional behaviour and has a beginning, middle, and end. This continuum places under-involvement at one end and over-involvement at the other.

### A CONTINUUM OF PROFESSIONAL BEHAVIOR



*Every nurse-patient relationship can be plotted on the continuum of professional behavior illustrated above.*

(National Council  
of State Boards of  
Nursing, 2014)

The therapeutic nurse-client relationship is at the center of the continuum. Under-involvement includes disinterest in the client or their care, and can lead to **NEGLECT**. Over-involvement includes **BOUNDARY CROSSINGS**, **BOUNDARY VIOLATIONS**, and sexual abuse or sexual misconduct.

## Professional boundaries in the nurse-client relationship

Professional boundaries are the spaces between the nurse's power and a client's **VULNERABILITY**. Boundaries separate the therapeutic behaviour of the nurse from any behaviour which, well-intended or not, could lessen the benefit of care to a client. The client may be in a position of vulnerability to, and at risk of, exploitation or abuse if the trust in the relationship is broken (Green, 2017). Professional boundaries are established then re-defined depending on factors such as the physical environment, the nature of the therapeutic nurse-client relationship, the length of time of the therapeutic relationship, and the achievement of certain therapeutic goals (Gardner, McCutcheon & Fedoruk, 2017). When a nurse adjusts boundaries to fit client care, it is their responsibility to clearly communicate these boundaries to the client and the reasons for the change.

Legislation and regulation define some boundaries; regulatory standards and employer requirements define other professional boundaries. These expectations outline how the nurse is to behave and interact with a client.

Healthy professional boundaries protect the nurse-client relationship and allow respect for both parties. Nurses recognize the importance of protecting clients' dignity, autonomy, and privacy. The nurse is a professional with certain obligations and rights and trusted to protect clients and their families from harm. The nurse-client relationship has the power to heal and the power to harm clients. Appendix A illustrates therapeutic and non-professional relationship differences. If a client expresses discomfort about a relationship with a nurse, the nurse should take appropriate action to address the client's discomfort and inform the client of who they can address their concern to within the practice setting, or to the appropriate regulatory college.

## Protecting professional boundaries

Boundaries provide limits that help maintain the therapeutic connection between the nurse and the client. Boundaries allow the nurse to recognize the power differential and to provide a safe connection that meets the client's needs. The nurse is responsible for establishing a professional boundary, and the following principles guide the nurse:

- Never presume to know a client's boundaries. Nurses must determine the client's perception of boundaries.
- Competent and caring professionals can unintentionally make boundary crossings, and these are less likely to turn into boundary violations if the nurse recognizes the boundary breach and takes appropriate action to protect the client.
- If a nurse is questioning whether they are crossing a professional boundary with any client, they should seek assistance.

- Address a boundary crossing on a case-by-case basis, directed by CARNA standards and guidelines, employer requirements and resources, or a CARNA Policy and Practice Consultant.
- Boundary violations are acts of abuse that breach trust. Nurses must report these violations to the employer and to the regulatory college to protect client care.

## 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. An example of this may be a minor disclosure of personal information from the nurse to the client that is relevant to the client's care. Nurses should return to established boundaries and evaluate the crossings for potential client consequences and implications as these actions and behaviours deviate from established professional boundaries and this conduct could result in role confusion and increased vulnerability for the client.

Boundary crossings may be acceptable but kept to a minimum. They may be useful in clinical decision-making when the client has specific therapeutic needs, and when considered in the entire context of the situation. Even when the action or behaviour seems appropriate, it is not acceptable when it benefits the nurse's personal needs over the needs of the client.

Clients may not understand the importance of professional boundaries and may expect the nurse to act in ways that contradict the standards of a regulatory college. The nurse may have to clearly communicate why they are not meeting certain client expectations in the relationship.

## Boundary violations

Boundary violations occur when an act or behaviour becomes unacceptable because the outcomes benefit the nurse over the needs of the client. These behaviours move the nature of the relationship from therapeutic and professional to personal, breaching the limits of a safe therapeutic environment. Examples of some boundary violations include the nurse disclosing excessive amounts of personal information, secrecy, or even a reversal of roles that results in the client supporting the nurse. Self-disclosure is the sharing of personal information to improve understanding between individuals, but nurses must ensure the disclosed personal information relates to the client's care.

Boundary violations can result when nurses confuse their own needs with those of the client. Nurses may not recognize their own boundaries or have not understood the client's boundaries. Boundary violations can cause distress that the client may not recognize but can cause harm. How the client perceived the behavior matters, not the intention of the behaviour.

## Social relationships with former clients

In some situations, nurses may want to develop a social relationship with a client after the therapeutic relationship has ended. The social relationship should not begin until after the completion of care and the therapeutic relationship. Before beginning a relationship, the nurse must consider

- the client's overall health status;
- the length of time of the therapeutic relationship;
- the competence, mental health, and emotional well-being of the client;
- the potential for confusion between a therapeutic and personal relationship;
- any harm to the client or significant others, which confusion about a therapeutic or social relationship could cause; and
- the degree of power imbalance that developed while the individual was a client.

A nurse may establish a personal or social relationship with an individual which may evolve into a sexual relationship. If that individual was the nurse's client and is no longer under the nurse's care, the nurse must be aware of the definition of a "patient" in *HPA* (2000) in the context of sexual abuse and sexual misconduct.

### Guideline 3

The nurse is accountable for ensuring ethical nursing care and practice in compliance with the values of the *Code of Ethics for Registered Nurses* (CNA, 2017).

When people seek health-care services, they are vulnerable. The *Code of Ethics for Registered Nurses* identifies nurses must uphold the principles of promoting justice through the conservation of human rights, equity, and fairness. Nurses do not discriminate based on

*"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, lifestyles, mental or physical abilities, socio-economic status, or any other attribute".*

(CNA, 2017)

## Sensitivity to religious, spiritual and cultural beliefs and values

The CARNA document *Entry-Level Competencies for the Practice of Registered Nurses* (2019) identifies the importance of **CULTURAL HUMILITY** in relationships with diverse individuals and populations. This creates **CULTURALLY SAFE** environments where clients perceive respect for their unique health-care practices, preferences, and decisions. To create an environment that is culturally sensitive, there is a shared responsibility between nurses, religious/spiritual/cultural leaders and organizations, employers, educators, professional associations, regulatory bodies, unions, accreditation organizations, governments, and the public.

Cultural sensitivity encourages reflective practice and applying the knowledge gained to client interactions. Culturally sensitive nurses have more recognition and consciousness of differences between cultures. General mindfulness helps identify cultural differences and patterns which provide the basis for establishing cultural awareness.

Nurses are in the ideal position to promote cultural sensitivity within the health-care setting with clients and with employers. When the nurse considers the client's values, culture and health beliefs, they are able to provide culturally appropriate care (Papadopoulos, Shea, Taylor, Pezzella & Foley, 2016). Culturally appropriate care is more likely to enhance therapeutic relationships when health-care providers are open to learning more about their client's culture or beliefs (Pauly et al., 2013).

The nurse can encourage a client to participate in the planning, implementation and evaluation of their own care plans, incorporating cultural practice when possible (e.g., use of tobacco, specific dietary restrictions, or visitor restrictions). This allows for a more supportive environment and recognizes that the client's experiences impact their responsiveness to care (Pauly et al., 2013). This approach helps obtain information about a client in a compassionate, collaborative manner. A goal of the nurse's therapeutic relationship with the client is the client's perception of cultural safety, which encourages the client to be an active, powerful participant in their own care, and encourages an environment free of racism and discrimination.

## Abuse

Abuse is an ethical breach and occurs when there is a misuse of power, or a betrayal of trust or respect between the nurse and the client. This misuse or betrayal may cause, or reasonably expect to cause, physical or emotional harm to a client. This refers to all types of abuse, including physical, verbal, emotional, sexual, financial, and/or neglect. In Alberta, the *Child, Youth and Family Enhancement Act* (2000) requires reporting to Children's Services of children believed to be in need of protection. The *Protection for Persons in Care Act* (2010)

requires health-care professionals to report the abuse of adults in care. Nurses should seek guidance on reporting from employer requirements and processes.

Any form of client abuse may result in disciplinary action against the nurse by the employer or regulatory college, as well as criminal charges in certain circumstances. Nurses who become aware of abuse must act to protect the client's welfare.

Appendix B further outlines information on different types of abuse and considerations for the nurse.

## Sexual abuse and sexual misconduct

The *Health Professions Act (2000)* defines sexual abuse and sexual misconduct. These are serious violations of the nurse's professional responsibility to the client and are a breach of trust.

The CARNA document *Protection of Patients from Sexual Abuse and Sexual Misconduct Standards (2019)* outlines expectations for the nurse and their relationship with a patient in order to strengthen the protection of patients from sexual abuse and sexual misconduct by nurses, and the nurse's responsibilities regarding reporting of sexual abuse and sexual misconduct.

## Neglect

Neglect involves exhibiting behaviours toward clients reasonably perceived by the client, nurse, or others to be a breach of the nurse's duty to care. Neglect occurs when nurses fail to meet the basic needs of clients who are unable to meet them themselves. Neglect includes such actions as deliberate withholding of basic necessities or care, such as clothing, food, fluid, needed aids or equipment and medication, or inappropriate activities such as withholding communication, confining, isolating or ignoring the client care, or denying the client privileges. However, keep in mind the following:

- Withholding food and/or other treatments is not neglect when honoring client's wishes for end-of-life treatment after comprehensive medical evaluation.
- Chronic lack of resources or qualified staff can foster silent, growing neglect of clients as a group over time. Nurses in all roles have a professional responsibility to document and report conditions in the practice setting that contribute to the neglect of clients (CNA, 2017; CARNA, 2013). Failure to report unacceptable environments for clients contributes to ongoing neglect and is unacceptable behaviour for professionals. Ongoing neglect may result in the client's abandonment.

## Guideline 4

The nurse is responsible for establishing therapeutic relationships for specific client health-care needs and within the boundaries of sound professional judgement and professional expectations.

### Providing care to family members or friends

In some circumstances, nurses may be required to provide care to their family members or friends in the health-care setting. In these situations, whenever possible, the nurse should transfer care to another health-care provider. If the nurse has taken **REASONABLE** steps to transfer care and transfer of care is not possible, the nurse must ensure they remain objective and professional throughout the provision of care to develop and maintain a therapeutic relationship. Playing a dual role requires careful consideration and discussion of boundaries because separating personal feelings, values and beliefs from professional and ethical responsibilities and obligations can be difficult, and potential conflicts of interest must be acknowledged (College of Registered Nurses of British Columbia, 2014; College of Registered Nurses of Manitoba, 2011).

Nurses asked to provide care to a family member or friend outside of the health-care setting are accountable and responsible for the knowledge, skills, and judgements they use to address the health-care needs of the individual. The same principles would apply as outlined in the *CARNA Practice Standards for Regulated Members* (2013) and *Camp Nursing: Guidelines for Registered Nurses* (2015). Nurses are responsible for determining how they follow other standards and legislation, such as documentation and privacy management.

Nurses providing care in these situations should inform themselves about liability concerns. The Canadian Nurses Protective Society provides legal advice, risk management services, and legal assistance to nurses.

### Gift giving

Clients may use gift giving as an act of reciprocity because they feel indebted toward health-care providers for providing care. Gift giving is a complex phenomenon and done for many reasons. The *Code of Ethics for Registered Nurses* (CNA, 2017), the *Practice Standards for Regulated Members* (CARNA, 2013), and employer requirements will help guide the nurse's decision-making regarding receiving gifts.

Nurses should consider the following principles before receiving gifts from clients:

- Cash gifts are never appropriate.

- Gifts of gratitude may be acceptable and the nurse should refer to employer requirements or discuss with their manager or supervisor.
- Nurses should never imply that a client's care is dependent upon donations or gifts of any kind.
- Nurses should refuse a gift if they feel coerced or manipulated by the offer of any gift and they should explore the underlying reason for the gift.
- If a client insists on giving a gift, the nurse can explain the policy regarding gifts or refer them to a supervisor so that they can determine an acceptable way to provide a gift.
- Nurses can avoid the potential for financial abuse by considering how to safeguard the client's finances and their well-being. However, employer requirements may not always protect all clients, so nurses can seek advice from CARNA on how best to protect a client's financial and emotional interests.
- Nurses should never be the recipient of belongings in a will of a client. If the nurse is aware of being listed as such a recipient, they should advise the executor of the will that they are unable to accept these belongings.

Nurses should be cautious in deciding whether to give a gift to a client and seek guidance from CARNA, employer policy or requirements, or colleagues before giving a gift to any client. There must be no perception of preferential treatment or interference in nursing care or impact to maintaining a therapeutic nurse-client relationship.

## Legal agent

There are circumstances where a client and nurse may decide that a pre-existing social relationship is more important than a therapeutic one. A client may want to designate a nurse who is a friend they know well to act as their agent for personal directives in the event of incapacity (*Personal Directives Regulation, 2008*) or the executor for their will. If the nurse agrees to be a client's agent, that nurse should not provide direct care to the client.

## Social media

Information sharing has changed drastically due to technological advances. Social networking is a popular and common method of communication. Nurses need to understand their online etiquette may have consequences in their professional lives (Green, 2017). The principles of protecting clients' privacy and confidentiality apply to online technology. The following principles provide guidance related to social media:

- Nurses must protect client privacy and confidentiality at all times.
- Nurses should separate the use of social media for professional and social purposes.
- Nurses must not post client information or pictures on social media sites even if the nurse believes it is anonymous shared data.
- Nurses should use the highest level of security on social media sites and remember that information is easily and rapidly shared and disseminated through 'friend of a friend' connections.

- When clients request nurses to connect with them online through social media, nurses must carefully examine the context of the situation, the therapeutic nurse- client relationship, the vulnerability of the client, and the implications of the request for the nurse and the client. A number of problems can arise, such as inappropriate self-disclosure, client dependence on the nurse, the nurse meeting their own needs through the client, and compromising client privacy and confidentiality.
- Nurses identifying themselves as nurses on social media must be aware that the title “nurse” is a protected title under the *HPA (2000)*. Nurses must only use the title, abbreviation, or initials consistent with their category on the register in which they are registered, when engaged in a practice recognized as the practice of nursing.

Nurses can find further guidance and direction regarding the nurse’s responsibilities in our social media guidelines found on the CARNA website.

## Warning Signs

**BOUNDARY SIGNS** are warning signals that professional boundaries are in question or have been crossed. Boundary signs warn the nurse to stop and look at the relationship with a client. These include:

- frequently thinking of the client when away from work;
- frequently planning other client’s care around the client’s needs;
- spending free time with the client;
- sharing personal information or work concerns with the client;
- feeling responsible if the client’s progress is limited;
- favoring one client’s care over another’s;
- sharing secrets with the client;
- selective reporting of client’s behaviour (negative or positive);
- swapping client assignments to provide care to a particular client;
- communicating in a guarded and defensive manner when questioned regarding interactions with the client;
- changing dress style for work when working with the client;
- receiving gifts or continued contact/communication with the client after discharge;
- denying the fact that the client is a client;
- acting and/or feeling possessive about the client; and
- denying that you have crossed the boundary from a therapeutic to **NON- THERAPEUTIC RELATIONSHIP**.

If the nurse is ever concerned about their therapeutic relationship with a client, the nurse must act to protect the welfare of the client. The following decision-making framework can help the nurse to safeguard the therapeutic nurse-client relationship.

Ask yourself the following questions:

- Is my behaviour consistent with *CARNA Practice Standards for Regulated Members (2013)* and *Entry-to-Practice Competencies for the Registered Nurse Profession (2013)*?
- Am I meeting the expectations outlined in *CARNA's Protection of Patients from Sexual Abuse and Sexual Misconduct Standards (2019)*?
- Is my behaviour consistent with *CNA's Code of Ethics (2017)*?
- Is my behaviour consistent with my duty to act in the best interest of the client?
- Does my behaviour promote client autonomy and self-determination?
- Is my behaviour or interaction one I would want other people to know I had engaged in with a client?



If the answer to any of these questions is 'no', refrain from the behaviour. Discuss your concerns with a CARNA Policy and Practice Consultant, a supervisor, or a colleague.

This model was adapted from the College of Registered Nurses of Nova Scotia *Professional Boundaries and the Nurse-Client Relationship: Keeping it Safe and Therapeutic (2015)*.

## Act early to avoid harm

When you have a concern about the professional boundaries of a colleague, your first concern is protecting the client. The following actions keep the client and the nurse safe from harm:

- Determine the facts to avoid hasty judgements. Focus on the client's welfare when assessing the facts and get each party's point of view, particularly the client's perception. Wherever possible, discuss your concerns with the nurse involved.
- If you are unable to speak with the nurse directly, speak with their immediate supervisor. Explain your reasons for concern and keep to observable facts and their relationship to client care. Follow appropriate employer requirements for reporting observed incidents of boundary violations, including adequate documentation.
- Identify the actions you expect will occur to resolve the situation. If discussion confirms your concerns about a risk of professional boundary violation, offer your support to get your colleague assistance or help within their practice setting. CARNA Policy and Practice Consultants can also provide confidential consultation on how to proceed.
- Ensure that clients, families, or other health-care professionals are aware of resources if they have any concerns regarding therapeutic nurse-client relationships. They need to know whom they can talk to at the nurse's place of employment, the appropriate professional college, or the police, as required.

- Do not allow a problem situation to persist uncorrected. Discuss concerns about the individual's conduct with the college and professional association. Early intervention prevents client harm and protects the nurse's professional status.
- Notify the nurse of a written complaint. Confidential consultation with CARNA Policy and Practice Consultants enables you to determine if a written complaint about the nurse's conduct is appropriate. Employers or others who determine that a written complaint is necessary should tell the nurse to make a report to CARNA to protect public safety, in conjunction with any appropriate disciplinary action.

## Glossary

**BOUNDARY CROSSINGS** – Brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful, if done to meet a specific therapeutic need. They are separate actions and behaviours that deviate from an established professional boundary.

**BOUNDARY SIGNS** – Actions, behaviours, or thoughts which are warning signals that professional boundaries in a particular nurse-client relationship are in jeopardy or already crossed.

**BOUNDARY VIOLATIONS** – Acts of abuse in the nurse-client relationship.

**CLIENT** – The individual, group, community, or population who is the recipient of nursing services, and where the context requires, includes a substitute decision-maker for the recipient of nursing services.

**COMPETENCIES** – The specific knowledge, skills, judgement and interpersonal attributes required for a nurse considered competent.

**CULTURAL HUMILITY** – A process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals (Foronda, Baptiste, Reinholdt, & Ousman, 2016).

**CULTURALLY SAFE** – An outcome based on respectful engagement free from racism and discrimination so that the client is a powerful player, not a passive receiver of health care (CARNA, 2019).

**HEALTH SERVICE** – A service provided to people to protect, promote or maintain their health; to prevent illness; to diagnose, treat or rehabilitate; or to take care of the health needs of the ill, disabled, injured or dying (HPA, 2000).

**NEGLECT** – Exhibiting behaviours towards clients that reasonably perceived by the client, nurses or others to be a breach of the professional's duty of care.

**NON-THERAPEUTIC RELATIONSHIP** – A relationship that is not established or maintained to provide professional care.

**NURSE-CLIENT RELATIONSHIP** – A relationship established and maintained by the nurse through therapeutic interactions which enable the nurse to provide safe, competent, ethical nursing care.

**PRINCIPLES** – Governing foundational laws of conduct to guide a nurse's thinking and actions (CARNA, 2010).

**REASONABLE** – Enough credible evidence to lead an ordinary person to prudent judgement of the suspicions and belief that he/she holds.

**RESPONSIBILITY** – Obligation to provide nursing care in accordance with professional and legal standards (College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta, 2010).

**SEXUAL ABUSE** – Threatened, attempted or actual conduct of the nurse towards a patient that is of a sexual nature, including any of the following conduct:

- sexual intercourse between the nurse and a patient of that nurse;
- genital to genital, genital to anal, oral to genital, or oral to anal contact between the nurse and a patient of that nurse;
- masturbation of the nurse by, or in the presence of, a patient of that nurse;
- masturbation of the nurse's patient by that nurse;
- encouraging the nurse's patient to masturbate in the presence of that nurse;
- touching of a sexual nature of a patient's genitals, anus, breasts, or buttocks by the nurse.

(HPA, 2000)

**SEXUAL MISCONDUCT** – "Any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a **SEXUAL NATURE** by a regulated member towards a patient that the regulated member knows, or ought to reasonably know, will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse." (HPA, 2000).

**SEXUAL NATURE** – Does not include any conduct, behaviour or remarks that are appropriate to the service of the public (HPA, 2000).

**THERAPEUTIC RELATIONSHIP** – A relationship established and maintained with a client by the nurse through the use of professional knowledge, skills, and attitudes in order to provide nursing care expected to contribute to the client's health outcomes.

**VULNERABILITY** – Susceptibility to health problems, harm or neglect that could be either caused or influenced by physical, psychological, or sociological factors; is situational based on an individual's experiences (Healslip & Ryden, 2013).

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## Appendix A: Differences Between Therapeutic and Non-professional Relationships

Characteristic	Professional Relationship (nurse-client)	Non-Professional Relationship (casual, friendship, romantic)
Remuneration	Nurses paid to provide care to client	No payment for being in the relationship
Length of relationship	Time-limited for the length of the client's need for nursing care	May last a lifetime
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
Structure of relationship	For nurse to provide care to client	Spontaneous, unstructured
Power balance	Unequal power – nurse has more power due to authority, knowledge, influence and access to privileged information about client	Equal responsibility to establish and maintain
Responsibility for the relationship	Nurse responsible for establishing and maintaining professional relationship, not client	Equal responsibility to establish and maintain
Preparation for the relationship	Nurse requires formal knowledge, preparation, orientation and training	Does not require formal knowledge, preparation, orientation and training
Time spent in relationship	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 relationship
(British Columbia Rehabilitation Society, 1992; Milgrom, 1992)		

## Appendix B: Forms of Abuse

Type of Abuse	Description	Considerations for the Nurse
Physical abuse	Involves touching or exhibiting behaviours of a nature that perceived to be violent or threatening towards clients or have the potential to inflict physical harm on clients.	Nurses working with potentially violent clients require the knowledge, skills, and support to protect themselves and clients. It is appropriate for staff to take actions to protect themselves from harm when violent behaviour occurs. Do not mistake protective actions for physical abuse.
Sexual abuse	Defined as the “threatened, attempted or actual conduct of the nurse towards a patient that is of a sexual nature” (HPA, 2000). Sexual nature does not include any conduct, behaviour, or remarks that are appropriate to the service of the public.	Includes any of the following conduct: <ul style="list-style-type: none"> <li>▪ sexual intercourse between the nurse and a patient of that nurse</li> <li>▪ genital to genital, genital to anal, oral to genital or oral to anal contact between the nurse and patient of that nurse</li> <li>▪ masturbation of the nurse by, or in the presence of, a patient of that nurse</li> <li>▪ masturbation of the nurse’s patient by that nurse</li> <li>▪ encouraging the nurse’s patient to masturbate in the presence of that nurse</li> <li>▪ touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks by the nurse</li> </ul>
Verbal abuse	Communication that may reasonably be perceived to demonstrate disrespect for the client and which is perceived by the client or others as demeaning, seductive, exploitive, insulting, derogatory or humiliating.	The client’s preferences for words and terms should guide the nurse’s interactions within appropriate limits; however only use words or terms acceptable in formal public exchanges. Flippant use of terms such as ‘dear’, ‘sweetheart’, and others can be potentially offensive, demeaning, and disrespectful. Addressing people

		in this manner should be discouraged.
Emotional abuse	Involves verbal and non-verbal behaviours that demonstrate disrespect for the client and that may reasonably be perceived by clients and others to be emotionally harmful.	Includes sarcasm, intimidation, teasing or taunting, retaliation, manipulation, inappropriate posturing or gestures, threatening, blaming, withholding information and disregard for the client's modesty. Includes insensitivity to race, culture, religious and/or spiritual practices, economic status, education, sexual preferences, or family dynamics. Patients may exhibit signs of emotional abuse by pulling away, avoiding eye contact, or changes in tone of voice.
Financial abuse	Involves actions that result in monetary, personal or other material benefit, gain or profit to the nurse, or in monetary or personal material loss for the client. These actions may occur with or without the informed consent of a client.	Financial transactions between nurse and clients must be limited to those legitimately required by conditions of employment and within acceptable limits established by employer or practice requirements; all fully discussed with, understood, and agreed to by the client. Assessing a client's personal income per employer requirements to determine access to care is different from probing inappropriately into a person's overall assets.
Neglect	Involves exhibiting behaviours toward clients reasonably perceived by the client, nurse or others to be a breach of the professional's duty to care. Neglect occurs when a nurse fails to meet the basic needs of clients who are unable to meet them themselves.	Includes actions such as deliberate withholding of basic necessities or care, such as clothing, food, fluid, needed aids of equipment and medication. Includes withholding communication, confining, isolation or ignoring the client care or denying the client privileges.