



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs and NPs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Purpose of this Document

This tool is a resource for nurses in all practice settings to help them understand:

- the therapeutic nurse-client relationship;
- personal non-professional relationships;
- professional boundaries;
- boundary crossings and boundary violations;
- sexual misconduct; and
- relationships with current and former clients.

A client is an individual receiving nursing services. It also includes a parent, guardian, spouse, partner, child or any substitute decision maker of the individual.

This tool also includes strategies to maintain the therapeutic nurse-client relationship and professional boundaries.

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for LPNs, RNs and NPs.

The Therapeutic Nurse-Client Relationship

At the core of nursing is the therapeutic nurse-client relationship. The [therapeutic nurse-client relationship](#) is built on trust and mutual respect between the nurse and client and is based on a nurse's ethical and legal duty to protect the client's well-being. Therapeutic nurse-client relationships are purposeful, goal-directed relationships between a nurse and a client that protects the clients' best interests.

The relationship begins when a client receives care from a nurse and continues until the nursing care has ended.

The therapeutic nurse-client relationship has five common characteristics:

1. **Trust:** Nurses are trusted to act in the best interests of their clients and provide them with safe, competent, compassionate and ethical care.
2. **Respect:** Nurses recognize and value the intrinsic worth of each person and treat them with respect.
3. **Professional Intimacy:** Nursing practice, by its very nature, can create an atmosphere of physical, emotional and psychological intimacy, which can increase the vulnerability of clients. In the therapeutic nurse-client relationship, [professional intimacy](#) is therapeutic, time-limited and client-focused.
4. **Fiduciary Duty:** Nurses are required to put aside their own needs, act in the best interest of their clients and avoid conflicts of interests. Nurses must be aware of their own behaviour, values and emotional needs and how their needs are separate from those of their clients.
5. **Power:** The therapeutic nurse-client relationship is one of unequal power. This results from the clients' dependence on the services provided by nurses due to the nurse's unique knowledge and authority within the healthcare system, their access to confidential information about clients and their ability to influence decisions. This power imbalance places clients in a position of vulnerability. Nurses are responsible to recognize the imbalance of power and to be aware of the potential for clients to feel intimidated or dependent.

Personal Relationships

Unlike the therapeutic nurse-client relationship where the focus is meeting the needs of the client, a [personal relationship](#) focuses on the interest or pleasure of all individuals involved. Personal relationships can be online or in-person and be sexual, casual and friendly or serious and significant. Individuals involved in personal relationships set the parameters of the relationship and are equally responsible for maintaining the relationship.

Therapeutic Nurse-Client Relationships vs Personal Relationships

The table below highlights the differences between a therapeutic nurse-client relationship and a personal relationship.

CHARACTERISTICS	THERAPEUTIC NURSE-CLIENT RELATIONSHIP	PERSONAL RELATIONSHIP
Behaviour	Regulated by a code of ethics and professional standards	Guided by personal values and beliefs
Remuneration	Nurses paid to provide service	No payment involved
Location of relationship	Defined and limited to where nursing care is provided	Unlimited and undefined
Purpose of relationship	Goal-directed: providing care to clients	Spontaneous, unstructured, pleasure- and interest-directed
Power balance	Unequal: nurse has authority, knowledge, influence, and access to privileged information about clients	Relatively equal
Responsibility for relationship	Nurse to establish and maintain professional boundaries	Equal (to establish and maintain)
Preparation for relationship	Nurse requires formal knowledge, preparation and orientation	No formal knowledge preparation or orientation required
Amount of time spent in contact	Limited by client need for nursing care and an employment agreement for the number of hours worked	Personal choice for the amount of time spent in contact

Professional Boundaries

[Professional boundaries](#) are the defining lines which separate the professional, therapeutic behaviour of a nurse from any behaviour which, well intentioned or not, could harm or could reduce the benefit of [nursing care](#). Within the therapeutic nurse-client relationship, nurses are required to maintain professional boundaries at all times to ensure the therapeutic nurse-client relationship is safe and respected regardless of the context or the length of interaction. When a nurse departs from the limits of a therapeutic nurse-client relationship, intentionally or otherwise, it can result in a boundary crossing or a boundary violation. Given the power differential in the therapeutic-nurse client relationship, the duty to maintain professional boundaries **always** lies with the nurse and **not** the client.

Professional boundaries are the spaces between the nurse's power and the client's vulnerability

BOUNDARY CROSSINGS

[Boundary crossings](#) are actions or behaviours that deviate from an established boundary in the nurse-client relationship. Such actions or behaviours may be acceptable in the context of meeting the client's therapeutic needs. It is not acceptable even when the action or behaviour appears appropriate if it benefits the nurse at the expense of the client.

While boundary crossings may seem to be insignificant in a single instance, there is the potential for them to become boundary violations if the frequency or severity of crossings increases.

Examples of actions or behaviours with current, former or vulnerable former clients that have the **potential** to cross the boundaries of a therapeutic nurse- client relationship include:

- establishing a personal relationships with clients;
- use of social media with clients;
- self-disclosure to clients;
- accepting gifts from clients;
- giving gifts to clients;
- doing favours for a client that are outside of one's 'job';
- providing care beyond one's 'job'; and
- providing care to family and friends.

Refer to [Appendix A – Recommendations to Define and Maintain Professional Boundaries](#) for more information.

BOUNDARY VIOLATIONS

[Boundary violations](#) are actions or behaviours by a professional which use the relationship with the client to meet a personal need at the expense of the client. Boundary violations are serious and often result in licensing sanctions. Boundary violations can result when there is confusion between the role of the nurse and the needs of the client.

Boundary violations are never acceptable.

Examples of boundary violations with a current or a vulnerable former client include:

- engaging in a romantic or sexual relationship;
- excessive self-disclosure about the nurse's personal situation;
- borrowing or attempting to borrow money;
- accepting a gift of money of significant value;
- giving a gift and expecting a favour in return;
- influencing a client to write or change their will or power of attorney so the nurse will benefit;
- becoming emotionally involved in the client's personal relationships;
- selling products to clients that promote the nurse's personal business; and
- a reversal of roles where the client becomes the caregiver of the nurse

Refer to [Appendix B – Are You or a Colleague Crossing Professional Boundaries with a Client?](#) for more information.

Abuse and Neglect

[Abuse](#) and neglect are examples of extreme boundary violations. Abuse is the misuse of power or a betrayal of trust, respect or intimacy between the nurse and the client in which the nurse knows it may or reasonably be expected to cause, physical or emotional harm to a client.

Neglect occurs when nurses fail to meet the basic needs of clients who are unable to meet their needs themselves. Neglect can also occur through inappropriate activities, such as withholding [communication](#), confinement, isolation or ignoring or denying a client's care or privileges.

Nurses in Nova Scotia have a legal duty to report abuse and neglect to:

- NSCN if it is a nurse
- Appropriate regulatory body if it is another health professional
- Employer if the provider is an unregulated care provider
- Department of Health and Wellness or Department of Community Services

Refer to [Appendix C - Examples of Abusive Behaviours](#) for more information.

Over and Under-involvement

Over-involvement and [under-involvement](#) can become a boundary crossing, extend to a boundary violation and be considered abuse or neglect.

Every nurse-client relationship is conceptualized on the continuum of professional behavior. There are no definite lines separating the therapeutic relationship from under-involvement or over-involvement. Instead, it is a gradual continuum.



This continuum provides a frame of reference to assist nurses in evaluating their own and their [colleagues'](#) interactions and movements with clients from a therapeutic relationship to one in which there is over-involvement or under-involvement.

OVER-INVOLVEMENT

Over-involvement refers to unnecessary focus on the client. This excludes instances when a client's needs are higher than other clients because of increased complexity.

Over-involvement can affect the recovery of other clients. For instance, when a nurse spends more time with one client than others, the neglected clients may feel their health is not important to the nurse, which may cause them to refrain from seeking assistance from the nurse or others.

Developing a personal relationship is clearly over-involvement and can result in a breach of trust. For instance, a client who has developed a personal friendship with a nurse beyond the therapeutic relationship may fear judgment or a lack of confidentiality if they speak freely about their health. As a result, the client may withhold information from the nurse or others.

Over-involvement includes both boundary crossings and boundary violations.

Signs of over-involvement with a current or vulnerable former client include:

- giving personal contact information to the client;
- communicating electronically with the client through social media for personal reasons;
- giving gifts to the client ;
- paying special attention to the client, such as spending time with the client outside their shift or on a break;
- discussing personal issues;
- frequently thinking about the client in a personal way as opposed to being concerned about the client's progress;
- feeling other members of the team do not understand the client or can help the client;
- engaging in behaviors that could reasonably be interpreted as sexual in nature;
- keeping secrets with or for the client;
- changing current client assignments to care for or ensure contact with the client;
- spending more time than is necessary with the client;
- speaking poorly about colleagues or your employment setting with the client;
- showing favouritism;
- meeting the client in settings other than care area or when you are not at work;
- paying for the client's medications; and,
- driving the client places.

UNDER-INVOLVEMENT

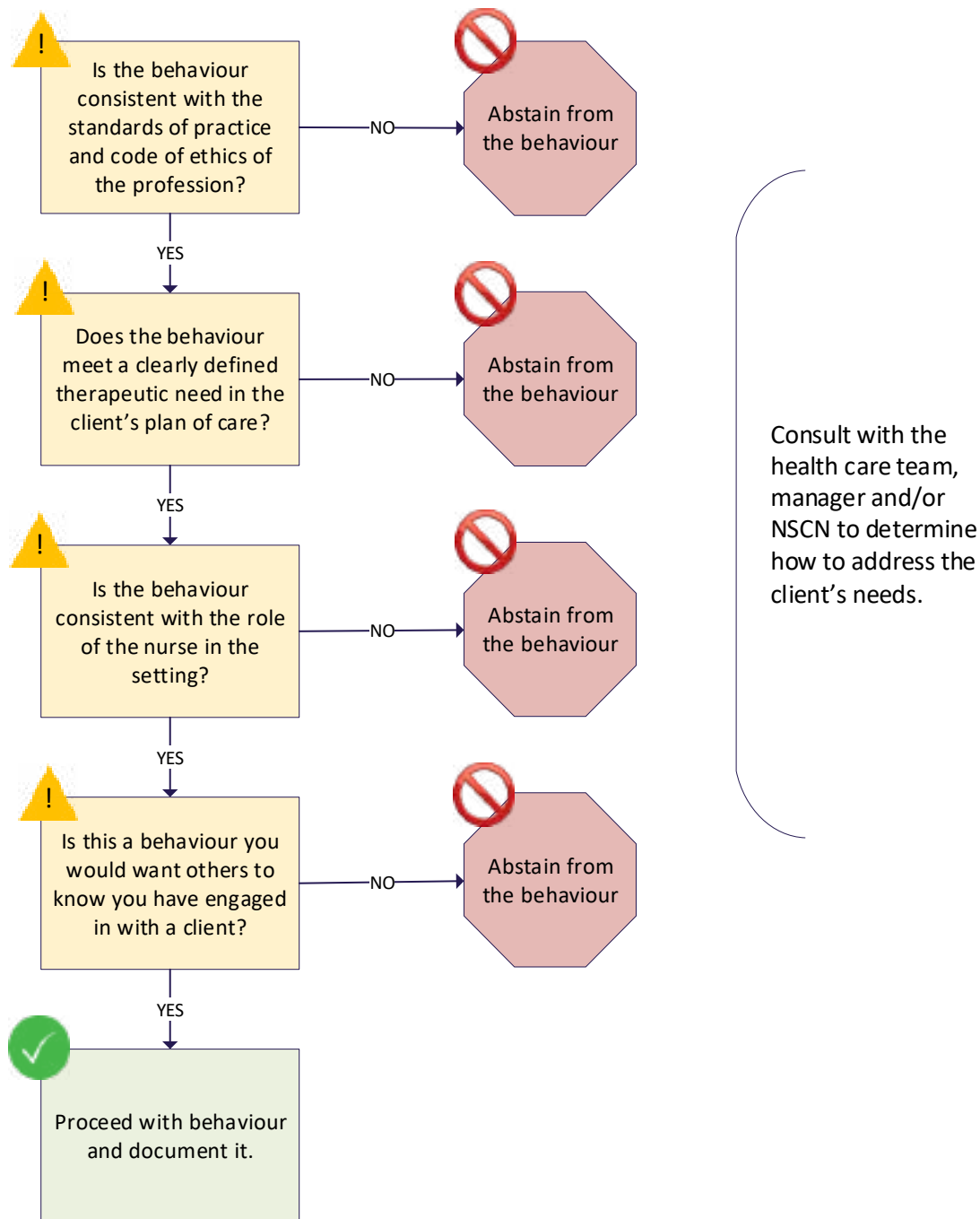
When a nurse avoids a client, they are under-involved in the client's care that damages the therapeutic nurse-client relationship and causes repercussions for a client's health and well-being.

Avoiding client interactions can occur when a client exhibits undesirable behaviour. In cases of under-involvement, the nurse-client relationship can be affected on two levels. Firstly, by avoiding a client, a nurse may just focus on the 'tasks' associated with providing minimal care rather than dealing with the issues that are making them feel uncomfortable (e.g., client exhibiting undesirable behaviours). When a nurse avoids a client, they are putting their own needs ahead of the client's needs. Secondly, avoidance can raise the potential for substandard care (e.g., the nurse fails to recognize physical or psychosocial needs that should be addressed). Avoidance can lead to neglect which is a boundary violation.

Decision Making Framework

The lines between a boundary crossing and violation may not always be clear to the nurse. The following decision-making framework can assist a nurse in determining if they should engage in or abstain from a behaviour. The Practice Consultants at NSCN are always available to discuss any questions related to professional boundaries.

PROPOSED BEHAVIOUR



Sexual Misconduct

A violation of professional boundaries is a breach of trust. Sexual misconduct by a nurse towards a client violates professional boundaries and constitutes professional misconduct.

[Sexual misconduct](#) is any actual, threatened, or attempted sexualized behavior or remarks by a registrant towards a client or in a client's presence or towards a colleague without the colleague's consent.

- Nurses must not engage in sexual misconduct.
- Nurses must never engage in any form of [sexual behaviour](#) with a current client.
- Nurses considering engaging in any sexual behaviour with a former client must consider all the former client's circumstances. Failure to appropriately do so may result in a finding of professional misconduct or conduct unbecoming the profession.
- Nurse must never engage in any form of sexual behaviour with a vulnerable former client.
- A current or vulnerable former client's consent is not a defense to an allegation of sexual misconduct.
- Nurses are required to report sexual misconduct if they have reasonable grounds to believe that the conduct of a regulated health care professional or an unregulated care provider constitutes sexual misconduct.

Please see the [Sexual Misconduct Standard of Practice for Registrants](#) for more information about sexual misconduct.

Relationships with Current Clients

Nurses must **never** engage in a personal relationship or any form of sexual behaviour with a [current client](#). An individual is considered a current client when a nurse-client relationship has been, or is intended to be, formed and is ongoing. To determine if the client is a current client, consider the following factors:

- Has the nurse provided, or is intended to provide, a nursing service for the client?
- Has the nurse contributed to, or is intended to contribute to, a health record or file of the client?
- Has the client consented to, or will be asked to consent for, a nursing service provided by the nurse?
- Other factors relevant to the circumstances of the individual and the nurse.

A nurse-client relationship may exist where one of the above factors is met or when a combination of factors is met.

Relationships with Former Clients

Establishing a personal relationship with a [former client](#) can be complex. It can be especially challenging if it is formed shortly after the termination of the [professional relationship](#) because of the difficulties in determining if the relationship began while the client was still receiving care from the nurse.

Nurses must **never** engage in a personal relationship or any form of sexual behaviour with a vulnerable former client. If the nurse-client relationship was predominantly psychotherapeutic care, the client will always be considered a [vulnerable former client](#). This includes but is not limited to mental health, addictions and chronic care. For other individuals, their circumstances may change such that they are no longer considered a vulnerable former client (e.g. homelessness, financially insecure, unemployed).

A vulnerable former client is an individual who is no longer a current client, and who requires particular protection from sexual misconduct given their ongoing vulnerability. For some individuals, their degree of vulnerability is such that they will always be considered vulnerable even when their care has ended.

Factors that may increase the likelihood that a former client is actually a vulnerable former client include:

- Nature of the care provided:
 - type, intensity and duration of the nursing care
 - likelihood of requiring nursing care from the nurse in the future
- Client's impaired decision-making ability
- Age and maturity of the client
- Other factors relevant to the client's circumstances

Nurses considering engaging in a personal relationship or any sexual behaviour with a former client must determine whether a relationship is appropriate after reviewing the following factors:

- Ongoing risk to the former client
- Risk of a continuing power imbalance
- Length of time that has passed since the last clinical/professional encounter. The exact length of time cannot be defined as it may vary based on factors relevant to each former client's circumstances.
- Nature of the care provided:
 - type, intensity and duration of the nursing care
 - likelihood of requiring nursing care from the nurse in the future
- Extent of the personal health information accessible by the nurse
- Vulnerability of the client
- Maturity of the client
- Client's decision-making ability

Any nurse thinking about engaging in a personal relationship or any form of sexual behaviour with a former client is advised to seek guidance from their employer or a NSCN practice consultant prior to initiating the relationship.

Given the power imbalance in the nurse-client relationship there will always be a degree of vulnerability that exists for the former client.

Nurses in a Dual Role

A [dual role](#) is a situation where a nurse may be required to provide professional care to a client who is also a family member or friend. This is likely to happen in small communities in the home, a hospital or in any other health care context. The best course of action in this situation is to make every effort to transfer the care of the family member or friend to another appropriate care provider. If this is not possible, the nurse should set very clear boundaries with the client to make sure they understand that even though the nurse is a family member or friend, they are providing care in their capacity as a professional nurse. Nurses should disclose this potential conflict to their manager.

When nurses are caring for a family member or friend, they must refrain from using their power as a nurse to gain access to more information than is required to provide safe care.

Principles to Protect the Therapeutic Nurse-Client Relationship

The nurse:

- Is responsible to define and maintain boundaries;
- Always acts in the best interest of the client;
- Works within the therapeutic nurse-client relationship;
- Should seek advice from their employer or from a Practice Consultant at NSCN when considering starting a personal relationship or any form of sexual behaviour with a former client;
- Must never engage in personal relationships or any form of sexual behaviour with current or vulnerable former clients.

The therapeutic nurse-client relationship is complex and maintaining professional boundaries can be challenging. Nurses must continually reflect on their behaviour to ensure their practice is consistent with their standards of practice and code of ethics and within the boundaries that define the nurse-client relationship.

For further information on anything contained within this practice guideline, please contact a NSCN Practice Consultant at practice@nscn.ca.

Key Points

- The therapeutic nurse-client relationship is based on trust, respect and protecting the client's dignity, autonomy and privacy irrespective of the context or duration of the relationship.
- Professional boundaries are the defining lines which separate the professional, therapeutic behaviour of a nurse from any behaviour which, well intentioned or not, could harm or could reduce the benefit of nursing care.
- Boundary violations are a breach of trust in the nurse-client relationship. Boundary violations occur when a nurse's actions exploit the professional relationship to meet their own personal need at the expense of the client.
- Sexual misconduct by a nurse towards a client violates professional boundaries and constitutes professional misconduct.
- Nurses must never engage in a personal relationship or any form of sexual behaviour with a current or vulnerable former client.

Suggested Reading

- [Code of Ethics for Licensed Practical Nurses in Canada](#)
- [Code of Ethics for Registered Nurses](#)
- [Sexual Misconduct Standard of Practice for Registrants](#)
- [Standards of Practice for Licensed Practical Nurses in Canada](#)
- [Standards of Practice for Registered Nurses](#)
- [Nurse Practitioner Standards of Practice](#)

APPENDIX A

Recommendations to Define and Maintain Professional Boundaries

- Think critically, relying on professional judgement to determine the appropriate boundaries for each client.
- Initiate, maintain and end therapeutic nurse-client relationships with current clients (including family and friends) in a way that ensures the client's needs are first.
- Assist others to maintain professional boundaries and report evidence of boundary violations to the appropriate person or agency.
- Examine boundary crossing, be aware of its potential implications and develop a plan to avoid repeated crossings.
- Minimize situations where the nurse has a personal or business relationship with current or former clients.
- Develop and implement strategies to minimize the possibility of boundary violations when the nurse is:
 - required to provide professional care for a client who is a family member or friend;
 - in social situations with current or former clients; and,
 - receiving a gift from a current or vulnerable former client (some cultures see refusal of a gift as offensive)
 - » Reflect on the entire context before accepting a gift from a client. Consider why the client has offered the gift and the value and appropriateness of the gift. Discuss ways to redirect the gift (e.g. sharing with all of the staff). Discuss with your manager to determine the best course of action and be aware of the employer's policy specific to accepting gifts.
- Only use self-disclosure if it will help meet the therapeutic needs of the client.
 - If doing so, remain focused on the client's needs and do not disclose intimate details or give long descriptions of personal experiences.
- Do not engage in activities that may result in inappropriate financial (e.g. power of attorney) or personal benefit.
- Be transparent, therapeutic and ethical with current, former and vulnerable former clients.
- When the issues are complex and boundaries are not clear, discuss concerns with a knowledgeable and trusted colleague, manager or a College practice consultant.
- Refrain from accepting current, former or vulnerable former clients as personal contacts on social media.
- Refrain from asking current, former or vulnerable former clients or family members of current clients to be friends on social media.
- Do not discuss clients (even anonymously or indirectly) or share client pictures on social media sites or in any public forum. Do not take personal photos of clients, even with their permission.
- Recognize the potential impact of being in a dual role.
- Know the difference between being friendly and being friends.
- Determine whether client contact such as touching or hugging is appropriate, supportive or welcomed by the client.

Are you or a colleague crossing professional boundaries with a client?



Here are some **WARNING SIGNS** you should pay attention to:



Boundary crossings, like the ones listed above, can lead to sexual misconduct. By recognizing warning signs in yourself and colleagues, you can stop the behaviour and prevent it from escalating to sexual misconduct. Use this tool in conjunction with the *Sexual Misconduct Standard of Practice for Registrants* and the information available on the NSCN website.

Adapted from an original work by the College of Nurses of Ontario available at cno.org.



APPENDIX C

Abusive Behaviours

Abuse is the misuse of power, betrayal of a client's trust or a violation of the respect or professional intimacy inherent in the nurse-client relationship. Abuse may be verbal, emotional, physical, sexual, and financial or take the form of neglect. The intent of the nurse does not justify a misuse of power within the nurse-client relationship.

Verbal and emotional abuse includes but is not limited to:

- sarcasm
- retaliation or revenge
- intimidation including threatening gestures/actions
- teasing or taunting
- insensitivity to the client's preferences
- swearing
- cultural/racial slurs
- inappropriate tone of voice (e.g., one expressing impatience)
- inappropriate facial expressions

Physical abuse includes but is not limited to:

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

Sexual abuse includes the following acts between a nurse and a client:

- Sexual intercourse
- Genital to genital, genital to anal, oral to genital, or oral to anal contact
- Masturbation of nurse by a client or in the client's presence
- Masturbation of a client by a nurse
- Encouraging the client to masturbate in the nurse's presence
- Sexualized touching of a client's genitals, anus, breasts, or buttocks

Financial abuse includes but is not limited to:

- borrowing money or property from a client
- soliciting gifts from a client
- withholding finances through trickery or theft
- using influence, pressure or coercion to obtain the client's money or property
- having financial trusteeship, power of attorney or guardianship
- abusing a client's bank accounts and credit cards
- assisting with the financial affairs of a client without the health care team's knowledge

Neglect includes but is not limited to:

- non-therapeutic confining or isolation
- denying care
- non-therapeutic denying of privileges
- ignoring
- withholding
 - clothing
 - food and/or fluid
 - needed aids or equipment
 - medication
 - communication