CRNNL
College of **Registered Nurses** of Newfoundland & Labrador

The Therapeutic Nurse-Client Relationship:

Expectations for Registered Nurses

2014

CRN NL

THIS DOCUMENT WAS APPROVED BY ARNNL COUNCIL IN 2014

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This *Interpretive Document* describes expectations for:

Registered nurses (RNs) under the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) *Standards of Practice for Registered Nurses* (2013c), in particular, *Standard 2: Knowledge-Based Practice, Indicator 2.5* which states that the RN *initiates, maintains, and concludes the therapeutic nurse-client relationship.*

Nurse practitioners (NPs) under the ARNNL *Standards for Nurse Practitioner Practice in Newfoundland & Labrador* (2013b), in particular, *Standard 3: Client-Centred Care, Indicator 3.8* which states that the NP *demonstrates effective communication, empathy and respect in dealing with clients.*

Introduction

The therapeutic nurse-client relationship is a "planned, time-limited and goal-directed connection between a registered nurse (RN)[1] and a client for the purpose of meeting a client's health care needs" (ARNNL, 2013c). Further, it is a professional, interpersonal alliance formed within a clinical practice setting during which the RN and client join together for a defined period to achieve health-related treatment goals (Arnold & Boggs, 2011). The therapeutic nurse-client relationship may be of short duration, for example, a 30 minute clinic visit or a 12 hour shift, or it may extend over a period of weeks or months. Regardless, each therapeutic nurse-client relationship although not linear, has a beginning, middle, and an end, and can and should be meaningful (Arnold & Boggs, 2011; Registered Nurses Association of Ontario [RNAO], 2006). The therapeutic nurse-client relationship is the fundamental means for providing safe, competent, compassionate and ethical nursing care. It is well documented that the nurse-client therapeutic relationship has a positive impact on client outcomes and satisfaction (Curtis & Wiseman, 2008; Registered Nurses Association of Ontario [RNAO], 2006).

Nursing practice, implemented through the therapeutic nurse-client relationship, is guided by theory and is evidence-based (Arnold & Boggs, 2011). The knowledge, attitudes and abilities required to build therapeutic relationships are acquired in entry-to-practice nursing education programs, and prepare RNs to apply relevant nursing, developmental, psychological and communication theories, and utilize interpersonal relational skills, all of which are honed throughout one's career. The RN's ability to establish and maintain professional boundaries with clients is also an essential component of providing safe, competent, and ethical nursing care (College and Association of Registered Nurses of Alberta [CARNA], 2011).

One such theory with particular relevance to the therapeutic nurse-client relationship, that is still current today, is Hildegard Peplau's *Nursing Theory of Interpersonal Relations* (1952/1988). Peplau's theory describes how the nurse-client relationship evolves through overlapping yet distinct stages (pre-interaction phase, orientation phase, working phase, and termination phase) (Arnold & Boggs, 2011). All phases may occur in a single nurse-client interaction or may take place over a number of interactions (RNAO, 2006). Peplau's phases guide the RN in a systematic process of initiating, maintaining and concluding a therapeutic relationship. See *Appendix A* for a description of the four phases of the therapeutic nurse-client relationship.

The therapeutic nurse-client relationship requires:

- adherence to the *Standards of Practice for Registered Nurses;*
- adherence to the *Code of Ethics for Registered Nurses;*
- *maintenance of professional boundaries; and*
- *application of relevant theories and utilization of interpersonal relational skills.*

[1] In this document, registered nurse (RN) implies registered nurse and nurse practitioner (NP).

Framework

To articulate several key concepts of the therapeutic nurse-client relationship and how RNs effectively apply these principles in ethical practice, the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* (2008) serves as the organizing framework for this interpretive document. The relevant primary nursing values and ethical responsibility statements outlined in the *Code* which provide guidance for the therapeutic nurse-client relationship are incorporated within this document. The clinical practice examples, noted throughout this document, draw attention to both the key concepts and the phases of the therapeutic nurse-client relationship.[2].

Key Concepts in the Therapeutic Nurse-Client Relationship Highlighted in this Document

Trust, Compassion, Empathy, Professional, Self-Disclosure, Respect, Dignity, Client-Centred Practice, Power, Privacy, Confidentiality, Validation, and Self-Awareness

Practice Example 1:

Registered Nurse Peters is commencing her shift on an acute care unit. She receives report on her clients and notes that Mrs. Black has not slept the previous night because she is worried about her recent diagnosis of Type 1 diabetes. Prior to introducing herself, Nurse Peters anticipates potential issues that Mrs. Black may be facing and prepares for their initial interaction. Upon entering the client's room, Nurse Peters knocks on the client's door and introduces herself using a professional greeting, "My name is Nancy Peters, and I am the registered nurse who will work with you to coordinate your care today…".

The following ethical responsibility statements guided Nurse Peters during the pre-interaction and the orientation phase with Mrs. Black:

- *Nurses build trustworthy relationships as the foundation of meaningful communication, recognizing that building these relationships involves a conscious effort. Such relationships are critical to understanding people's needs and concerns* (Primary Nursing Value A(3): Providing Safe, Compassionate, Competent and Ethical Care, CNA, 2008).

- *Nurses clearly and accurately represent themselves with respect to their name, title and role* (Primary Nursing Value G (6): Being Accountable, CNA, 2008).

In example 1, Nurse Peters prepared for the interaction by gathering relevant client information and anticipating client issues before approaching her client (pre-interaction phase). She initiated the orientation phase by introducing herself using a professional greeting and initiating the client as a full team member. Nurse Peters utilizes the nonverbal communication behaviours of eye contact and a smile to reinforce her spoken words. In addition, by providing Mrs. Black with basic information such as her name, professional status, the purpose, nature, and time available for the relationship, Nurse Peters effectively initiates the orientation phase (Arnold & Boggs, 2011).

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[2] Key concepts of the Therapeutic Nurse-Client Relationship are bolded throughout the document.

Trust is critical to the establishment of therapeutic relationships (Arnold & Boggs, 2011). Communication theorists state that it only takes four minutes for the average person who meets a stranger to decide whether he or she wants to continue any form of interaction (Zunin & Zunin, 1972). The RN's caring and trustworthy attitude and behaviour is demonstrated early in order to build therapeutic rapport. Mrs. Black will decide whether she wants to further interact with Nurse Peters and on the depth of the interaction based on how Nurse Peters introduces herself, along with Nurse Peters' presence including her attire, facial expression, and body language.

Consider how you utilize these techniques to promote **trust** in your practice:

- *Convey respect*
- *Consider the client's uniqueness*
- *Show warmth and caring*
- *Use the client's proper name*
- *Use active listening*
- *Maintain confidentiality*
- *Show congruence between verbal and nonverbal behaviors*
- *Use appropriate eye contact*
- *Be flexible*
- *Be honest and open*
- *Give complete information*
- *Follow through on commitments*
- *Set limits*
- *Control distractions*
- *Use an attending posture*

(Arnold & Boggs, 2011, p.106)

Practice Example 2:

Mrs. Smith is scheduled for surgery in four hours. Although she calmly declares that she is ready for surgery, Nurse Jones assesses that Mrs. Smith's hands are shaking, and her eyes are watering. She considers that Mrs. Smith's body language may suggest that she is worried. Registered Nurse Jones verbally and nonverbally conveys understanding of Mrs. Smith's concerns. Sitting at eye level and facing her client, Nurse Jones states, "Mrs. Smith, I notice that your hands are shaking, and your eyes are watering. Do you have questions?"

The following ethical responsibility statements guided Nurse Jones during the working phase of the therapeutic relationship:

- Nurses, in their professional capacity, relate to all persons with respect (Primary Nursing Value D(1): Preserving Dignity, CNA, 2008).

- Nurses engage in compassionate care through their speech and body language, and through their efforts to understand and care about others' health needs (Primary Nursing Value A(2): Providing safe, compassionate, competent and ethical care, CNA, 2008).

- Nurses, to the extent possible, provide persons in their care with the information they need to make

informed decisions related to their health and well-being. They also work to ensure that health information is given to individuals, families, groups, populations and communities in their care in an open, accurate, and transparent manner (Primary Nursing Value C(1): Promoting and Respecting Informed Decision-Making, CNA, 2008).

An attitude of **compassion** is essential for developing the therapeutic nurse-client relationship (Arnold & Boggs, 2011). Compassionate nursing practice is an expectation outlined in the ARNNL Standards of Practice for Registered Nurses (ARNNL, 2013a). The compassionate nurse is able to perceive and to understand the client's emotions accurately (Arnold & Boggs, 2011). In her practice, Nurse Jones proceeded to validate what she perceived was bothering Mrs. Smith and could then better address Mrs. Smith's concerns. If Nurse Jones had not attempted to understand that Mrs. Smith was fearful and worried, Nurse Jones may have failed to provide essential education or needed emotional support (Arnold & Boggs, 2011).

Consider how you utilize these techniques in your practice to promote **compassion and empathy**:

- *Actively listen to client's concerns*
- *Observe the client's physical and psychological behaviors*
- *Set aside judgments or personal biases*
- *Ask for validation frequently*
- *Ask appropriate questions*
- *Think before responding or asking the next question*
- *Be authentic in your response*

Practice Example 3:

Registered Nurse Williams, a community health nurse, is having a bad day. It started with a disagreement at home, and now he is delayed in traffic. Nurse Williams arrives at Mrs. Dawe's home 30 minutes later than scheduled. Although frustrated, he greets Mrs. Dawe pleasantly, apologizes for his delay and completes the assessment and subsequent dressing change.

The following ethical responsibility statements guided the RN during the working phase of the therapeutic nurse-client relationship:

- *Nurses provide care directed first and foremost toward the health and well being of the person, family or community in their care* (Primary Nursing Value B(1): Promoting Health and Well-Being, CNA, 2008).

Therapeutic relationships are **professional** and **client-centred** (ARNNL, 2014; Arnold & Boggs, 2011). It is the RN's accountability to ensure that the needs of the client always come first. In practice, Nurse Williams did not share his personal details of the morning and remained client-centred Nurse Williams recognizes that the therapeutic relationship is not a social relationship. See *Appendix B* for additional information on characteristics of social versus therapeutic relationships.

At times, it may be appropriate for the RN to utilize **self-disclosure** within the therapeutic relationship. Self-disclosure occurs when the RN intentionally reveals personal experiences or feelings to a client (Arnold & Boggs, 2011). One of the aims of self-disclosure is to convey to the client that his or her experiences can be understood by others. RN self-disclosure may also deepen trust and create

opportunity for clients to open up and to share private information (Arnold & Boggs, 2011). However, RNs need to ensure that self-disclosure of personal details or stories is solely for the benefit of the client and never to meet the personal agenda of the nurse. The RN, not the client, is responsible for regulating the amount and content of self-disclosure (Arnold & Boggs, 2011).

Guidelines for keeping **self-disclosure** at a therapeutic level:

- *Use it to help clients open up to you, not to meet your own needs*
- *Keep it brief*
- *Don't imply that your experience is exactly the same as the client's*

(Deering 1999, as cited in Arnold & Boggs, 2011)

Practice Example 4:

Registered Nurse Kelly is preparing to administer medication to her client, Mr. Rogers. When she takes the medication to the bedside, Mr. Rogers refuses to take the medication. Nurse Kelly listens to his rationale for not wanting to take the medication. Following a discussion with Mr. Rogers, Nurse Kelly concludes that he is making an informed decision. Nurse Kelly documents the facts pertinent to Mr. Roger's decision and discusses her client's decision with the ordering physician.

The following ethical responsibility statements guided the RN during the working phase of the therapeutic
nurse-client relationship:

- *Nurses ensure that nursing care is provided with the person's informed consent. Nurses recognize and support the capable person's right to refuse or withdraw consent for care of treatment at any time* (Primary Nursing Value C(4): Promoting and Respecting Informed Decision-Making, CNA, 2008).

- *Nurses, to the extent possible, provide persons in their care with the information they need to make informed decisions related to their health and well-being. They also work to ensure that health information is given to individuals, families, groups, populations and communities in their care in an open, accurate and transparent manner* (Primary Nursing Value C(1): Promoting and Respecting Informed Decision-Making, CNA, 2008).

- *Nurses are sensitive to the power differentials between care providers and those receiving care. They do not misuse that power to influence decision-making* (Primary Nursing Value C(5): Promoting and Respecting Informed Decision-Making, CNA, 2008).

- *Nurses respect the informed decision-making of capable persons including choice of lifestyle or treatment not conducive to good health* (Primary Nursing Value C(8): Promoting and Respecting Informed Decision-Making, CNA, 2008).

In practice, Nurse Kelly listened to her client's concerns, provided information and education, and validated that Mr. Rogers was making an informed decision. Nurse Kelly brought forth Mr. Rogers' views when she discussed his decision with other members of the health care team, and respected Mr. Rogers'

right to make an informed decision regarding his treatment.

Practice Example 5:

Registered Nurse Thomas is caring for several clients undergoing rehabilitation and has planned his schedule for today's nursing care. Mrs. Jones, one of his clients, has requested that she not have her daily dressing change until after lunch. Nurse Thomas is able to reorganize his work schedule, recognizing that Mrs. Jones has the right to participate in decisions regarding her care.

The following ethical responsibility statements guided the RN during the working phase of the therapeutic nurse-client relationship:

- *Nurses are sensitive to the power differentials between care providers and those receiving care. They do not misuse that power to influence decision-making* (Primary Nursing Value C(5): Promoting and Respecting Informed Decision-Making, CNA, 2008).

- *Nurses ensure that nursing care is provided with the person's informed consent. Nurses recognize and support the capable person's right to refuse or withdraw consent for care or treatment at any time* (Primary Nursing Value C(4): Promoting and Respecting Informed Decision-Making, CNA, 2008).

- *Nurses in their professional capacity relate to all persons with respect*. (Primary Nursing Value D(1): Preserving Dignity, CNA, 2008).

In practice, Nurse Thomas initiated a **client-centred** approach and worked with Mrs. Jones to achieve a mutually agreed upon plan of care. Nurse Thomas respected the client's right to make decisions and was able to accommodate the client's request.

RNs are cognizant of the fact that the therapeutic nurse-client relationship is one of unequal **power** (Nurses Association of New Brunswick [NANB], 2011). The RN's source of power is the authority associated with his or her: position in the health system, specialized knowledge, influence with other health care providers and the client's significant others, and access to privileged information (NANB, 2011). When interacting with clients, the RN is expected to use this power appropriately in a caring manner to advocate for the client's desires and needs.

Practice Example 6:

Registered Nurse Jones working on a surgical unit is caring for Mrs. Monette, a client with a history of illicit drug use. Mrs. Monette is verbalizing that she is having abdominal pain and asks for pain medication. Nurse Jones has heard others label this client as a "drug seeker." Nurse Jones refrains from labeling the client; assesses the client's altered comfort status; and, determines it is appropriate to administer analgesics; and documents the facts of the assessment, intervention and outcome.

The following ethical responsibility statements guided the RN during the working phase of the therapeutic nurse-client relationship:

- *Nurses in their professional capacity relate to all persons with respect* (Primary Nursing Value D(1): Preserving Dignity, CNA, 2008).

- *Nurses support the person, family, group, population, or community receiving care in maintaining*

their dignity and integrity (Primary Nursing Value D(2): Preserving Dignity, CNA, 2008).

- *In health-care decision-making, in treatment and in care, nurses work with persons receiving care, including families, groups, populations, and communities, to take into account their unique values, customs and spiritual beliefs, as well as their social and economic circumstances* (Primary Nursing Value D(3): Preserving Dignity, CNA, 2008).

- *When providing care, nurses do not discriminate on the basis of a person's race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability or socio-economic status or any other attribute* (Primary Nursing Value F(1): Promoting Justice, CNA, 2008).

- *Nurses refrain from judging, labeling, demeaning, stigmatizing and humiliating behaviours toward persons receiving care, other health-care professionals and each other* (Primary Nursing Value F(2): Promoting Justice, CNA, 2008).

RNs need to be clear about their personal values, beliefs, and stereotypical views because of their potential influence on the client's self-worth and self-concept (Arnold & Boggs, 2011). **Self-awareness** of personal biases enable the RN to separate the person from the behaviour or problem, and to maintain the patience, neutrality, and understanding needed to continue to promote the client's dignity and integrity. Self-awareness allows the nurse to fully engage with a client, knowing that the relationship may be undesirable, or uncomfortable (Arnold & Boggs, 2011). It is up to the RN, not the client, to resolve interpersonal issues that impede therapeutic rapport (Arnold & Boggs, 2011). The RN uses his or her efforts to ensure that all clients are treated equally, and with **respect and dignity.**

Practice Example 7:

Registered Nurse Finn returns home following a busy 12-hour shift in the emergency department. Nurse Finn receives a call from her mother asking why Nurse Finn did not inform her that her friend had been in a car accident. Nurse Finn reminds her mother that she is unable to disclose any information as all clients have a right to privacy and confidentiality.

Registered Nurse Peters works in the intensive care unit and is caring for a well-known official who was involved in a serious accident. Several of Nurse Peters' colleagues, who are not in the circle of this client's care, approach her to ask how the client is doing. Nurse Peters refrains from disclosing any information and reminds her colleagues that she is legally and ethically responsible for protecting the client's privacy.

The following ethical responsibility statements guided the RN during the working phase of the therapeutic nurse-client relationship:

- *Nurses collect, use and disclose health information on a need-to-know basis with the highest degree of anonymity possible in the circumstances and in accordance with privacy laws* (Primary Nursing Value E(3): Maintaining Privacy and Confidentiality, CNA, 2008).

- *When nurses are required to disclose information for a particular purpose, they disclose only the amount necessary for that purpose and inform only those necessary. They attempt to do so in ways that minimize any potential harm to the individual, family or community* (Primary Nursing Value E(4): Maintaining Privacy and Confidentiality, CNA, 2008).

- *Nurses respect policies that protect and preserve people's privacy, including security safeguards in information technology (*Primary Nursing Value E(7): Maintaining Privacy and Confidentiality, CNA, 2008).

Maintaining a client's fundamental right to **privacy and confidentiality** is central to the therapeutic nurse -client relationship. Registered nurses are legally and ethically responsible for protecting each client's privacy (Arnold & Boggs, 2011). RNs access, share and disclose personal and health information only for purposes that are consistent with their professional responsibilities and in accordance with legislation, professional standards, and employer policy (College of Registered Nurses of British Columbia [CRNBC], 2013).

Personal Health Information Act *(PHIA) references "circle of care" (PHIA, 2008). It means that the persons participating in and activities related to the provision of health care in a circle of care are permitted to rely on a patient's implied consent (unless the patient has indicated otherwise) when collecting, using, disclosing or handling personal health information for the purpose of providing direct health care. For example, the circle of care in a hospital setting includes the attending physician and the health care team (i.e. residents, nurses, technicians, clinical clerks and employees assigned to the patient) who have direct responsibilities for providing care to the individual.*

- *Any information shared should be the minimum amount to achieve the purpose for which it is used.*
- *The circle of care does not include a physician, nurse or any other health care professional or person who is not part of the direct or follow-up treatment of an individual.*
- *A person has to be directly involved in the delivery of care in order to be considered within a person's circle of care.*

(Government of Newfoundland and Labrador, Health and Community Services, 2011)

During the working phase of the therapeutic nurse-client relationship the RN needs to collaborate with many members of the team (i.e., circle of care) to design an appropriate plan of care. During the entire process it is important that the RN protects the privacy and confidentiality of clients. During the course of the therapeutic nurse-client relationship the nurse will be privy to confidential information but is careful not to disclose client information outside the circle of care. Registered nurses should never use this access or information to the disadvantage of clients or others, or for their own personal advantage (CRNBC, 2013).

Practice Example 8:

Registered Nurse Brown is preparing to discharge her client, Mr. Fox. Mr. Fox was made aware of his potential discharge date upon admission by Nurse Brown. Nurse Brown and Mr. Fox discuss and evaluate his treatment goals and Nurse Brown highlights many of Mr. Fox's achievements. After further discussion about his discharge plan, referrals, and arrangements for follow-up in the community, Nurse Brown says goodbye to Mr. Fox.

The following ethical responsibility statements guided the RN during the termination phase of the therapeutic nurse-client relationship:

- *Nurses, to the extent possible, provide persons in their care with the information they need to make*

informed decisions related to their health and well-being. They also work to ensure that health information is given to individuals, families, groups, populations and communities in their care in an open, accurate and transparent manner (Primary Nursing Value C: Promoting and Respecting Informed Decision-Making, CNA, 2008).

In practice, Nurse Brown effectively and professionally terminates the therapeutic nurse-client relationship. At the beginning of the relationship, Nurse Brown had informed Mr. Fox of his impending discharge date. It is important that clients are aware of the potential length of the therapeutic relationship so that the client can process it appropriately. The termination of the therapeutic nurse-client relationship is based on mutual understanding and a celebration of goals that have been met (RNAO, 2006).

Professional Boundaries

Professional boundaries are "*defining lines which separate the therapeutic behavior of a registered nurses from any behaviour which, well intentioned or not, could reduce the benefit of nursing care to clients"* (College of Registered Nurses of Nova Scotia [CRNNS], 2012, p.3). *"Professional boundaries set limits to the nurse-client relationship, which establishes a safe therapeutic connection between the professional and the person who seeks care*" (College & Association of Registered Nurses of Alberta [CARNA], 2011, p. 3).

The RN is responsible for knowing the professional boundaries of a therapeutic nurse-client relationship and for setting and maintaining boundaries regardless of the client's actions or requests (College of Registered Nurses of Manitoba [CRNM], 2011). RNs are accountable and responsible to act as a client advocate and, when appropriate, to intervene to prevent or stop boundary violations. RNs must be aware of warning signs that professional boundaries are in question, or may have already been crossed. Additional information on warning signs is included in *Appendix C*.

The CNA Code of Ethics for Registered Nurses, Value Statement D: Preserving Dignity; Ethical Responsibility Statement 7, outlines the expectation for the RN in maintaining professional boundaries:

- *Nurses maintain appropriate professional boundaries and ensure their relationships are always for the benefit of the persons they serve. They recognize the potential vulnerability of persons and do not exploit their trust and dependency in a way that might compromise the therapeutic relationship. They do not abuse their relationship for personal or financial gain, and do not enter into personal relationships (romantic, sexual or other) with persons in their care (Primary Nursing Value D(7): promoting and Respecting Informed Decision-Making, CNA, 2008).*

Consider the following professional boundary practice examples and reflect on your nursing

RNs should adopt effective strategies to manage the limits or boundaries of the therapeutic nurse -client relationship. Some strategies include:

- *understanding the limits of the therapeutic relationship*
- *establishing, maintaining and communicating professional boundaries with the client*
- *avoiding dual relationships (therapeutic and social) 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 care is provided*
- *implementing reflective practice and terminating the therapeutic relationship.*

(CRNM, 2011, p.3)

practice:

Practice Example 9:

Registered Nurse Munroe is a RN on a palliative care unit and has been caring for a terminally ill client for a number of weeks. The family presents Nurse Munroe with a card and a $100 check that they request she use for her vacation funds. What should Nurse Munroe do?

Practice Example 10:

Registered Nurse Park is working on a pediatrics unit and has cared for Johnny who has been on the unit for several weeks. Realizing that Johnny will not be going home for Christmas, she purchases several gifts for him. One of her colleagues, Nurse Jacobs, notices the gifts in Johnny's room and Johnny asks Nurse Jacobs if she also bought him gifts. What should Nurse Jacobs do?

Reflection:
It is not always clear when it is appropriate to accept gifts from clients or give gifts to clients (NANB, 2011). RNs must consider the implications of receiving and giving gifts as it requires reflection and professional
judgment. In the orientation phase, the RN could inform the client on the parameters of gift giving, especially when the therapeutic nurse-client relationship will be of a long duration. Whether receiving or giving gifts, RNs need to consider: What meaning does the gift have for the relationship? What ways might accepting gifts or giving gifts change the dynamics of the therapeutic relationship? Would giving or receiving a gift present issues for other clients or their families or other colleagues (Arnold & Boggs, 2011)? And is there an employer policy in place, and if so, what guidance does it provide?

It is not appropriate for a RN to accept or receive a gift if there is: a client expectation that a different level or nature of care will be provided by the RN; if accepting or receiving gifts will have a impact on the client's significant others; or, if the client will feel obligated to provide gifts to or expect to receive gifts from other members of the health care team, such as in practice example 10. In addition, RNs should also discuss with their manager any gift of significant value or questionable intent such as in practice example 9 (CRNM, 2011).

Practice Example 11:

Registered Nurse MacDonald practices in an acute care hospital where there are several RNs on each shift. Upon arrival to begin her shift, Nurse MacDonald views the client assignment sheet and notices that she has been assigned the care of her husband's best friend. What should Nurse MacDonald do?

Practice Example 12 :

Registered Nurse Hall is the only registered nurse working nights in a small rural hospital servicing a small community where everyone knows each other. Upon arrival to begin her shift Nurse Hall notes that she is assigned to the care of her best friend. What should Nurse Hall do?

Reflection:
RNs may find themselves in the position of being expected to provide care to family, friends, or acquaintances (CRNM, 2011). 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 as with practice example 12 above (CRNM, 2011). In practice example 11 the RN would consult with colleagues to change the patient assignment. Prior to entering into a therapeutic relationship, the nurse

should ensure that attempts to exercise other options have been exhausted or that other options do not exist (CRNM, 2011). The RN 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 (CRNM, 2011). The RN would inform the client that the relationship will be professional and that confidentiality will be maintained (CRNNS, 2012). The RN would also discuss the situation with management.

When an individual from your community becomes your client:
- *Clarify the change from a personal to a professional relationship;*
- *Distinguish between "being friendly" and "being friends";*
- *Focus on the needs of your client; and,*
- *Be vigilant about confidentiality issues.*

In social situations:
- *Set clear boundaries to protect client confidentiality;*
- *Ensure the client knows when you are working in your professional capacity; and,*
- *Recognize when to refer to another health care provider.*

(CRNBC, 2011, p.1)

Practice Example 13:

Registered Nurse Corbett receives the following unexpected message on her Facebook page. "Hi Nurse Corbett! I am so pleased to find you on Facebook. It has been a few days since my last chemo treatment and I am doing great. However, I really could use some advice." What should Nurse Corbett do?

Reflection:
Registered nurses should avoid engaging in personal social media relationships with clients, and thus should deny "friend" requests on their personal Facebook page from current clients. Befriending clients through your personal Facebook page opens the potential for boundary violations; extension of the RN's scope of
professional responsibility; and, for breaches in confidentiality (Canadian Nurse Protective Society [CNPS], 2012).

RNs are ethically and legally bound to maintain appropriate professional boundaries with clients, and accepting such a request could transition the relationship from professional to personal, thus causing the boundaries of the relationship to become blurred (CNPS, 2012). Remember, setting and managing the boundaries of the therapeutic nurse-client relationship is ultimately your responsibility -- the professional RN -- not the client.

RNs need to be aware that providing health-related advice on any social media sites (including Facebook) could extend professional liability in relation to that advice (CNPS, 2012). Additionally, client health information belongs in the client record not in the public realm.

If you feel that declining the request could be hurtful to a client and potentially damage the therapeutic relationship, you should have a discussion with the client to explain why as part of your practice, you do not establish online relationships with clients. When establishing the therapeutic relationship with your

client and setting the boundaries of the relationship, the RN could inform the client up front that he or she does not accept clients on Facebook (CNPS, 2012).

There are numerous resources for RNs which outline the expected professional behaviours within and outside the workplace in the use of social media. RNs should also review their employer policies related to social media. Some of these resources are identified below and are available on the ARNNL website or the internet:

- ARNNL's Position Statement, Social Media (2013a)
- Canadian Nurses Association, Code of Ethics (2008)
- Canadian Nurses Association, Ethics in Practice: When Private becomes Public: The ethical challenges and opportunities of social media (2012)
- Canadian Nurses Protective Society, Social Media InfoLaw (2012)
- National Council of State Boards of Nursing, White Paper: A guide to the use of social media (2011)
- Fraser, R. (2011). The Nurse's Social Media Advantage: How Making Connections and Sharing Ideas Can Enhance Your Nursing Practice

Practice Example 14:

Mr. Yet, a former client of Registered Nurse Pulson, approaches Nurse Pulson in a social setting and requests to have dinner with her. Mr. Yet was recently discharged from the unit on which Nurse Pulson presently works. The unit is both an inpatient and an ambulatory care unit. Mr. Yet will need follow-up visits to the ambulatory care unit. What should Nurse Pulson do?

Reflection:

When contemplating initiating a social or personal relationship with a former client, there are numerous factors that the RN must consider including the amount of time that has passed since the therapeutic relationship ended; the maturity and vulnerability of the former client; the nature, intensity, and duration of nursing care that had been provided; the potential impact on the well-being of the client; and 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 (CRNM, 2011). In practice example 14, Mr. Yet will require follow-up visits and will likely receive care from Nurse Pulson; hence, the request should be denied and Nurse Pulson should graciously decline Mr. Yet's offer.

Conclusion

The therapeutic nurse-client relationship is the fundamental means for providing safe, competent, compassionate and ethical nursing care. Nursing practice, implemented through the therapeutic nurse-client relationship, is theory guided and evidence-based (Arnold & Boggs, 2011). In all practice settings RNs are expected to initiate, maintain, and conclude the therapeutic nurse-client relationship.

> *"Whatever the underlying reasons, ignoring our relational impact reduces our capacity to respect, honour, and promote people's health and healing. It also restricts our knowledge about the people for whom we are caring, our ability to effect positive change, and our opportunity to experience one of the greatest sources of satisfaction from our nursing work."*
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> *(Hartick & Varcoe, 2015, p.308)*

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Appendix A

Hildegard Peplau's *Nursing Theory of Interpersonal Relations* (1952/1988).

This theory describes how the nurse-client relationship evolves through overlapping phases. The phases of pre-interaction, orientation, working, and termination are described below.

The **Preinteraction Phase** occurs prior to the RN meeting the client. During this phase the RN:

- develops the appropriate physical and interpersonal environment for an optimal relationship in collaboration with other health care professionals and significant others in the client's life
- anticipates potential client issues
- prepares for the client interaction
- determines how he/she will initially approach the client: A different approach will be required depending upon the client circumstances. For example, a different approach is required for a client who has just received a poor report than for a client who receives a good report

During the **Orientation Phase** of the therapeutic relationship the RN:

- introduces his/herself to the client by using first and last name and designation
- identifies the purpose and timing of the relationship
- builds a sense of trust with the client
- identifies the client's strengths
- assesses the client's needs
- collects data that form the basis for developing relevant nursing diagnosis/goals
- ends this phase with a therapeutic contract mutually defined with the client

During the **Working Phase** of the therapeutic relationship the RN:

- works with the client to address health care needs
- actively problem solves with the client
- uses a variety of interpersonal strategies to assist the client to develop new insights and methods of coping
- focuses on self-direction and self-management to whatever extent is possible in promoting the client's health and well-being

During the **Termination Phase**, the RN:

- evaluates the client's responses to treatment in collaboration with the client
- explores the meaning of the relationship and what goals have been achieved
- discusses client achievements and plans for the future
- initiates referrals when necessary

Responding to Issues/Difficulties in the Phases of the Nurse-Client Therapeutic Relationship

The RN and the client need to be able to respond to concerns at any of the phases in the therapeutic nurse-client relationship. If the relationship does not develop therapeutically, the registered nurse needs to reflect on the nurse-client therapeutic relationship and may need to consult with others (RNAO, 2006). If a change in the assignment is necessary the registered nurse provides safe, competent, compassionate and ethical care until alternative care ar-

Appendix B

Characteristics of Social (Personal) versus Therapeutic (Professional) Relationships

Characteristic	**Professional Relationship** (Nurse Client)	**Personal Relationship** (Casual, Friendship, Romantic, Sexual)
Behaviour	Regulated by a code of ethics and professional standards	Guided by personal values and beliefs
Renumeration	Nurse is 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	Nurse provides care to client	Spontaneous, unstructured
Balance of Power	Unequal; nurse has more power due to authority, knowledge, influence and access to privileged information about client	Relatively equal
Responsibility for Relationship	Nurse (not client) responsible for establishing and maintaining professional relationship	Equal responsibility to establish and maintain
Preparation for 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 the relationship

(CRNM, 2011, p.5)

Appendix C

Warning signs that should prompt the RN to stop and to reflect on the relationship with the client (CARNA, 2011).

- *frequently thinking about 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*
- *noticing more physical touching than is appropriate or sexual content in interactions with the client*
- *favoring one client's care at the expense of another's*
- *keeping secrets with the client*
- *swapping client assignments*
- *selective reporting of client's behavior (i.e. negative or positive behaviour)*
- *communicating in a guarded and defensive manner when questioned regarding interactions/ relationships with the client*
- *changing dress style for work when working with the client*
- *receiving of gifts or continued contact/communication with the client after discharge*
- *acting and/or feeling possessive about the client*
- *denying the fact that the client is a client*
- *giving special attention/treatment to this client, which differs from that given to other clients*
- *denying that you have crossed the boundary from a therapeutic to a non-therapeutic relationship*

(CARNA, 2011, p.10)

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