

# Professional Boundaries: Standards for Registered Nurses and Nurse Practitioners

*(Not in effect until approved)*

## Purpose

This standard applies to registered nurses and nurse practitioners, herein referred to as **REGISTRANTS**<sup>1</sup>. Professional boundaries keep the nurse-**PATIENT** relationship safe and respectful. They separate therapeutic behaviour of the registrant from any behaviour which, well-intended or not, could decrease the benefit of care. The purpose of this standard is to outline expectations for registrants in maintaining a **THERAPEUTIC RELATIONSHIP** with patients and actions to take when witnessing a **BOUNDARY VIOLATION**.

The registrant holds **POWER** in the therapeutic relationship by virtue of their professional role and access to, and awareness of, the patient's private health information. Similarly, there is an inherent power imbalance in teaching, research and administrative relationships. The obligation of establishing and maintaining professional boundaries lies with the registrant, not the patient (or student or research participant). Therefore, registrants must recognize differences between a therapeutic relationship and a non-therapeutic (personal) relationship.

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## Criteria

To meet this standard, registrants must meet the following criteria.

The registrant must

1. Protect the patient's right to **DIGNITY**, **AUTONOMY** and **PRIVACY** in the therapeutic relationship.
2. Effectively communicate professional boundaries, expectations and limitations to all patients (including patients who the registrant may have an existing personal relationship with).

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<sup>1</sup> Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

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3. NOT share personal information about themselves (self-disclosure) unless it meets a specific, identified therapeutic patient need, rather than the registrant's need.
4. NOT promote their personal or religious beliefs and values, or causes, to a patient in the context of the therapeutic relationship.
5. Identify and manage **CONFLICTS OF INTEREST** in the best interest of the patient.
6. Promote patient comfort and a sense of dignity in interactions with patients, including but not limited to
  - 6.1. provide adequate draping,
  - 6.2. provide privacy while the patient is undressing and dressing, and
  - 6.3. use respectful language and appropriate examination techniques when inquiring about or touching any areas of the patient's body pertinent to the patient's care.
7. NOT enter into a personal relationship (e.g., friendship, romantic or other) with a patient or any person with whom a patient has a significant interdependent relationship (e.g., parent, guardian, child or significant other), while providing care to the patient.
8. Consider the following factors before entering into a personal relationship with a former patient
  - 8.1. the patient's overall health status,
  - 8.2. the length of time of the therapeutic relationship,
  - 8.3. the mental health and emotional well-being of the patient,
  - 8.4. the potential for confusion between a therapeutic and personal relationship,
  - 8.5. any harm to the patient or their significant others that engaging in a personal relationship might cause, and
  - 8.6. the degree of power imbalance that developed while the individual was a patient.
9. NOT enter into a personal relationship with a former patient whom the registrant provided **PSYCHOTHERAPEUTIC** care or treatment to.
10. If in a teaching relationship with students
  - 10.1. NOT enter into a personal relationship with the student while directly or indirectly responsible for mentoring, teaching, supervising or evaluating that student, and

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- 10.2.** NOT enter into any relationship with a student that could present a risk of conflict of interest or coercion while directly or indirectly responsible for mentoring, teaching, supervising or evaluating that student.

## Pre-Existing Personal Relationships

The registrant

- 11.** Who has a pre-existing (current or past) personal relationship with a patient or student
- 11.1.** must notify the health-care team, clinical and academic leaders (if applicable),
  - 11.2.** must remove themselves from providing care or from teaching or evaluating the student, unless there is no reasonable opportunity to transfer care or teaching, and
  - 11.3.** must remove themselves from any discussion of the patient or student (if applicable).
- 12.** Who is a researcher and has a pre-existing personal relationship with a research participant
- 12.1.** must notify the research team, research ethics board and their institution (as applicable), and
  - 12.2.** must take steps to minimize or manage conflict in the best interest of the research participant.

## Providing Care to Family Members or Friends

The registrant

- 13.** Must NOT provide professional services to a family member or friend unless all of the following factors are met
- 13.1.** the professional service provided by the registrant to the individual is due to an emergency or is minor in nature, and
  - 13.2.** the registrant has taken reasonable steps to transfer the individual's care or there is no reasonable opportunity to transfer care.
- 14.** In a dual role (has both a personal and professional relationship with the patient), must make it clear to the patient when they are acting in a professional capacity and when they are acting in a personal capacity.

## Gifts

The registrant must

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15. NOT request or accept monetary gifts (e.g., cash, tips, gift cards, etc.) from patients or any person with whom a patient has a significant interdependent relationship.
16. NOT exchange individual gifts with patients or any person with whom a patient has a significant interdependent relationship.
17. NOT accept an after-death gift or inheritance (bequest) from a patient.
18. If accepting a gift from a patient due to the determination that a refusal by the registrant is harmful to the therapeutic relationship, the registrant must consider the following factors
  - 18.1. employer or organizational policies (if applicable),
  - 18.2. the gift was NOT solicited by the registrant,
  - 18.3. the patient's mental capacity (can understand and make informed decisions for themselves),
  - 18.4. the intent of the gift is to simply express gratitude and appreciation for the care provided,
  - 18.5. the monetary value and appropriateness of the gift,
  - 18.6. the potential for negative feelings on the part of other patients who may witness and are not able to, or choose to, give gifts, and
  - 18.7. a gift must NEVER influence the patient's care (e.g., preferential treatment).

## Reporting Boundary Violations

The registrant

19. Must report evidence of boundary violations to their supervisor or employer (if applicable) and to the appropriate regulatory college to protect patient care.
20. Must inform the patient, learner or research participant, if they have concerns of professional boundary violation, who they can discuss their concerns with within the practice setting, the appropriate regulatory college and their right to contact police.

## Glossary

**AUTONOMY** - A person's right to make their own decisions regarding their care.

**BOUNDARY VIOLATION(S)** – An act of abuse in the therapeutic relationship. A misuse of power by the registrant, whether intended or not, when the registrant knew or ought to have

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known that the action could cause, or could reasonably expect to cause, harm (physical injury or psychological distress) to the patient.

**CONFLICT OF INTEREST** - A situation where a registrant's duty to act in the patient's best interests may be affected or influenced by other competing interests, including financial, non-financial, direct or indirect transactions. A conflict of interest can exist even if the registrant is confident their professional judgment is not being influenced by the conflicting interest or relationship. Conflicts of interest can be:

Real conflict of interest: The registrant's actions directly benefit their own interests or those of a personal or affiliated connection.

Potential conflict of interest: A situation where a registrant's actions could lead to personal gain or benefit.

Perceived conflict of interest: A situation in which an informed person might reasonably believe a conflict of interest exists, even if none does.

**DIGNITY** - Respect, empathy and consideration for a person's inherent worth and rights as human beings.

**PATIENT(S)** – The term patient refers to a person who receives medical care, treatment or professional services from an RN or NP. The term patient can refer to clients, residents, families, and where applicable, the patient's legal guardian or substitute decision maker.

**POWER** – The power of the registrant comes from the professional position and the access to the private knowledge about the patient.

**PRIVACY** - A person's right to keep their personal information secret.

**PSYCHOTHERAPEUTIC** - Planned and structured psychological, psychosocial and interpersonal interventions designed to affect behaviour, mood and/or emotional responses to various stimuli.

**REGISTRANT(S)** – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners and RN or NP courtesy registrants on the CRNA registry.

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