



Professional Boundaries and Nurse-Client Relationships



COLLEGE OF NURSES
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ORDRE DES INFIRMIÈRES
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*CNO practice standards outline accountabilities for nurses and inform the public, including clients and organizations, what to expect of nurses. The standards apply to all nurses regardless of their role, job description or area of practice. Nurses are expected to practice in compliance with relevant legislation, the [Code of Conduct](#), all other standards of practice of the profession and applicable employer and organizational policies. Not complying with legislation or failing to meet the standards of practice may be considered **professional misconduct**.*

Introduction

A **therapeutic nurse-client relationship** is essential to the **clients'** health and well-being and is grounded in trust, **respect** and **empathy**. Nurses establish and maintain this relationship by using their knowledge, skill and judgment, as well as demonstrating safe and compassionate care. Clients' needs, preferences and best interests must remain the focus of the therapeutic nurse-client relationship.

Nurses recognize that clients come from a wide variety of backgrounds and lived experiences and aim to provide care that is inclusive and culturally safe. Using a **trauma-informed** approach to care and practicing **cultural humility** are integral to the therapeutic nurse-client relationship. Nurses must reflect on their actions and potential bias to avoid negatively impacting the therapeutic relationship.

Bolded terms are defined in the glossary at the end of the document.

To meet the expectations for this practice standard, nurses must consider the following principles:



Therapeutic nurse-client relationship

Establish and maintain a therapeutic nurse-client relationship.



Professional boundaries

Establish and maintain appropriate boundaries.



Protection from abuse

Protect clients from all forms of abuse.

Each principle includes a set of nursing accountabilities, which are described in this practice standard.



Therapeutic nurse-client relationship

The therapeutic nurse-client relationship involves providing safe, compassionate and ethical nursing care and promotes positive health outcomes. Therapeutic nurse-client relationships may be direct or indirect and exist in diverse roles, settings and client interactions, regardless of the length of the interactions.

Nurses recognize the therapeutic nurse-client relationship is one of unequal power in which the nurse has more power than the client. This power imbalance is due to the nurse's authority and influence in the health care system, specialized knowledge and skill, access to sensitive personal information and the ability to advocate for the client. Nurses understand how the power imbalance may impact their interactions with clients and the misuse of this power may amount to abuse.

Using a **client-centred care** approach, nurses demonstrate empathy and respect to build and protect trust. Trust is foundational to the therapeutic nurse-client relationship. When trust is breached, this can cause harm to both the client and the integrity of the nurse-client relationship. Empathy contributes to the quality of this relationship by enhancing the nurse's capacity for ethical decision-making and fostering meaningful connections with clients (Du et al., 2022). Respect is equally essential, as it affirms the inherent dignity and worth of each individual. Together, empathy and respect promote inclusive, **culturally safe** care that includes acknowledging and responding to the unique values, beliefs and lived experiences of each client (see Principle 2 in CNO's [Code of Conduct](#) for more information).

Nurses must demonstrate sensitivity to clients' dignity and privacy, including how and what they communicate within the context of care. Specific aspects of nursing care may create vulnerability or distress for clients. For example, nurses may require a heightened awareness while carrying out physical care activities, such as bathing, or assessments, which involve physical closeness or contact essential to the care. Strategies that aim to protect the client's dignity and privacy include clearly communicating about the care in advance and implementing measures that promote safety and privacy, such as drawing the curtains or, if desired, having a trusted friend or family member be present during the care.

Communication is integral to the therapeutic nurse-client relationship. Nurses use effective verbal and non-verbal communication that demonstrates respect and empathy, to build and maintain trust. Nurses ensure that, regardless of the mode, time spent or context of communication, they reflect on the unique needs of every client (see Principles 1 and 2 of the [Code of Conduct](#)). This applies to both in-person and virtual care (see CNO's [Virtual Care guideline](#)).

Accountabilities

In the therapeutic nurse-client relationship, nurses:

- recognize the power imbalance of the nurse-client relationship and avoid misusing their power
- establish and maintain the therapeutic nurse-client relationship through trust, empathy and respect
- demonstrate culturally safe and inclusive client care that considers the impact of inequities within the health care system
- demonstrate respect for the values, beliefs and identities of every client and do not impose their own personal, religious, cultural or political beliefs
- focus on the needs, preferences and wellbeing of the client
- protect the client's dignity and personal privacy
- when providing physical care (particularly during physical contact and touching of particular body parts, for example, urinary catheterization)
 - recognize the client's vulnerability
 - clearly communicate with appropriate terms for the intended care
 - obtain consent
 - document care
- communicate in a respectful way that promotes dignity and trust



Professional boundaries

A boundary in the nurse-client relationship is the point when the relationship changes from professional and therapeutic to unprofessional and personal. To help protect the therapeutic nurse-client relationship, it is the nurse's responsibility to establish and maintain professional boundaries, regardless of the client's actions or requests. Maintaining boundaries helps prevent the power imbalance from negatively affecting the client's care. There must be a clear distinction between a nurse's behaviour that prioritizes meeting the therapeutic needs of the client, and behaviour that focuses on the personal needs of the nurse.

Nurses must consider the client's unique experience, including their culture, age, values, or experiences of trauma, when establishing and maintaining professional boundaries in the nurse-client relationship. This relationship exists on a continuum ranging from professional and appropriate behaviours to personal and inappropriate ones. Boundary violations can occur through under-involvement (for example, disinterest, neglect or abandonment) or over-involvement (for example, favouritism or spending time with a client after work). Regardless of the intent, a boundary violation may be considered professional misconduct.

Nurses must communicate the boundaries and limitations of the relationship, including providing clarification to the client when there is potential for uncertainty. For example, in a community setting, meeting a client for coffee as part of the care plan may be acceptable. But meeting a client socially for coffee unrelated to care would not be acceptable. Some practice settings require increased attention to ensure professional boundaries are maintained, for example, when care

is provided in a client's home. The nurse is responsible to continually clarify and reinforce the boundaries of the therapeutic relationship.

Boundary crossing

Competent and caring professionals can unintentionally cross boundaries. Boundary crossings may create role confusion, increase client vulnerability and lead to negative client outcomes. They can escalate when a nurse's actions exploit the relationship to meet their own personal needs at the expense of the client. Boundary crossings are less likely to escalate into more serious boundary violations if the nurse reflects on their actions, recognizes the boundary breach, and takes appropriate action to protect the client and re-establish appropriate boundaries. Examples of boundary crossings depend on the context and may include preferential attention to a particular client, socializing with the client or their family or inappropriately sharing personal information. Additionally, nurses must not engage in any financial transactions unrelated to the provision of care with a client or client's family. These may include financial or personal benefit to themselves or loss to the client, such as borrowing money from a client. All breaches of professional boundaries are unacceptable and may constitute professional misconduct. See [Appendix A: Warning signs of crossing a boundary](#).

Gifts

Nurses should avoid giving and accepting gifts as that can blur boundaries and negatively impact the therapeutic nurse-client relationship. Exchanging gifts can also introduce risks, such as unclear boundaries, conflicts of interest and impact clinical judgment and objectivity. These risks increase as the value of the gift increases and as the gift becomes more personal. However, there may be situations in which refusing to accept a small gift could offend the client (for example, an expected practice in some cultures) and cause harm to the therapeutic relationship. Nurses must ensure, if they accept a gift, it does not change the dynamics of the therapeutic relationship and the client does not expect anything in return, including special treatment. Nurses should also make sure accepting a gift doesn't negatively impact other clients or other members of the health care team. If a nurse is unsure whether it is appropriate to accept a gift, they should consider the monetary value, the perception that may be caused by accepting it and consult with their employer.

Professional boundaries and technology use

The use of technology can create an additional layer of complexity when providing care and may either support or hinder maintaining boundaries in the therapeutic nurse-client relationship. Nurses must ensure, when they are using any form of electronic communication, to connect with clients, such as calls, virtual meetings, texts or emails, they remain professional and focused on client care. See CNO's [Virtual Care](#) guideline for guidance.

Technology use that shifts toward informal, social or personal communication may blur boundaries and jeopardize the therapeutic nurse-client relationship. For example, nurses must refrain from connecting with clients, following clients, or accepting friend requests from clients on their personal **social media** accounts. Additional considerations will be needed if there is a pre-existing personal relationship.

Providing nursing care to family and friends

Nurses should avoid providing nursing care for family and friends, except in limited circumstances when they are unable to transfer care. For example, in small communities, nurses may be required to provide care to their family members or friends, if there are no other health care providers available. In circumstances in which nurses are required to provide care to family or friends, nurses should acknowledge their dual roles, set clear boundaries to clarify their personal and professional roles, and transfer care to another health care provider whenever possible. See [Appendix B: Providing nursing care to family and friends](#) for further considerations.

Accountabilities

To maintain professional boundaries, nurses:

- ensure the focus of the therapeutic relationship is on the needs of the client and not on the personal needs of the nurse
- recognize when the boundaries of the therapeutic nurse-client relationship are at risk of being compromised and take action to protect them
- are responsible to clarify and reinforce the boundaries of the therapeutic relationship, particularly in instances when clients' requests are beyond the limits of the relationship
- recognize there may be an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings
- refrain from participating in financial transactions with the client or the client's family outside the provision of care
- limit the sharing of their personal information with clients (including personal contact information). If deemed necessary, document and inform the health care team as needed, and share only information that supports the therapeutic relationship.
- refrain from entering friendships or personal relationships with clients
- do not interfere with the client's personal relationships, including not engaging in personal or sexual relationships with the client's family member that may impact the therapeutic nurse-client relationship

- document any approach or activity that is part of the client's care plan, including those that could be misinterpreted as crossing a boundary
- refrain from accepting and giving gifts, unless it would cause harm to the therapeutic nurse-client relationship. Gifts should never have more than a token monetary value.
- do not solicit gifts
- refrain from using electronic communication and social media with clients for personal use
- avoid providing nursing care to family or friends and whenever possible, transfer care to another health care provider
- consult with a colleague or manager in any situation in which there are concerns about professional boundaries and report concerns of boundary violations to the appropriate person



Protection from abuse

Abuse involves the misuse of power in therapeutic nurse-client relationships. Abuse may be verbal, emotional, physical, sexual, financial or may take the form of neglect. Refer to [Appendix C: Abusive behaviours](#) for a list of examples. Abuse includes betraying the client's trust or violating the respect inherent in the therapeutic relationship. The intent of the nurse does not justify a misuse of power within the therapeutic nurse-client relationship. If a nurse knows or suspects another nurse or health care provider of harming a client, they are accountable to report that nurse to their employer, CNO or the appropriate regulatory authority. See CNO's Reporting Guide for more information.

Sexual abuse

Sexual abuse of a **patient**¹ is an act of professional misconduct regardless of whether the patient agreed to participate or did not object to the conduct. Under the *Health Professions Procedural Code* (HPPC), which is Schedule 2 to the *Regulated Health Professions Act, 1991*², sexual abuse of a patient by a nurse is defined as:

- sexual intercourse or other forms of physical sexual relations between the nurse and the patient

¹ The term "patient" is used in place of "client" throughout the content on sexual abuse to reflect the language in the legislation (RHPA). See Glossary for definitions. "Client" as used in this and other CNO standards is more comprehensive than "patient" in the RHPA. Even if a client is not a "patient" within the statutory definition, a sexual relationship with a client may amount to professional misconduct under this standard of practice (e.g. family member of a client).

² Section 3 of the HPPC of the RHPA

- touching, of a sexual nature³, of the patient by the nurse
- behaviour or remarks of a sexual nature by the nurse toward the patient

Note: The term “*patient*” is used in place of “*client*” throughout the content on sexual abuse to reflect the language in the RHPA.

Any sexual relationship a nurse has with a patient is sexual abuse. As outlined in the HPPC, sexual abuse of a patient is defined differently for regulated health care professionals than in criminal law, due to the inherent power imbalance. There is no circumstance in which a sexual interaction between a nurse and a patient is permissible. Maintaining professional boundaries, including physical boundaries, is always the nurse’s responsibility, not the patients.

An individual is considered to be a nurse’s patient for one year following the end of the therapeutic nurse-client relationship. This one-year period recognizes the power dynamic continues to exist between a nurse and their patient for a period of time after the professional relationship ends. There may be situations, regardless of the amount of time that has passed, in which a sexual relationship between a nurse and a former patient is never appropriate, for example, vulnerable patients.

In addition to constituting sexual abuse under the HPPC, a sexual act with a patient violates the therapeutic nurse-client boundary and constitutes a violation of this standard of practice.

Under the HPPC, all nurses are required legally to report if they have reasonable grounds to suspect sexual abuse of a patient by another regulated healthcare professional to the appropriate regulatory body or authority. See CNO’s [Reporting Guide](#) for more information.

Accountabilities

To protect clients from harm, nurses:

- do not communicate verbally or non-verbally with or about the client in ways that may be perceived as disrespectful, insulting or humiliating
- do not engage in behaviours toward a client that the client or others may perceive to be violent, threatening or intending to inflict physical, spiritual or emotional harm
- respect their clients in all interactions, including online and on social media

³ ‘Sexual nature’ does not include touching, behaviour or remarks of a clinical nature appropriate to the care provided

- do not neglect a client by withholding or failing to meet their basic needs
- do not engage in activities with clients that could result in monetary, personal or other benefit, gain or profit (other than the appropriate remuneration for nursing care or services)
- refuse any request to be power of attorney for personal or property for anyone who is or has been a client
- do not influence clients to change their will, including influencing the client to make them a beneficiary or trustee of the estate
- do not engage in any sexual comments, behaviour, sexual touching or sexual relations with clients (patients), regardless of whether the client (patient) has agreed to participate or did not object
- do not enter a romantic or sexual relationship for at least one year following the end of the therapeutic nurse-client relationship regardless of whether the client (patient) has agreed to participate
- do not engage in behaviours with a client (patient) that the client (patient) or others may reasonably perceive to be romantic or sexual
- intervene and report concerns of any type of abuse, including to employers, CNO and other regulatory authorities, if appropriate

Partners in safety

When a workplace is unsafe, or when a nurse feels threatened or harassed by a client, it can affect their ability to establish and maintain the therapeutic nature of the nurse-client relationship. Nurses and employers have a shared responsibility to provide and maintain safe, quality and healthy work environments that foster the therapeutic nurse-client relationship and meet the needs of clients, families and health care providers (see CNO's [*Discontinuing or Declining to Provide Care*](#) standard for more information). Maintaining the therapeutic nurse-client relationship protects both the client and the nurse.

Employers are encouraged to create environments that promote safety and openness to support the disclosure of unsafe behaviours that could harm clients or nurses. This includes developing organizational policies and facilitating access to support and resources for maintaining safe environments. If a nurse has questions or concerns, they should consult with their employer and advocate for policies that reflect safe environments for clients and staff.

Glossary

Client: An individual, family, group, community or population receiving nursing care, including, but not limited to, “patients” or “residents.” (Code of Conduct, 2025).

Client-centred care: In this approach, a client is viewed as a whole person. Client-centred care involves advocacy, empowerment and respect for the client’s autonomy, voice, self-determination and participation in decision-making.

Cultural humility: An unending process where health care providers engage in self-reflection and self-critique to minimize power differentials between them and their clients. It helps clinicians build skills to understand a client’s cultural context through the client’s perspective and emphasizes the importance and value of others’ perspectives and cultures (Zinan et al., 2021; Virkstis et al., 2021).

Cultural safety: Effective client care by a health care provider who has undertaken a process of reflection on their own cultural identity and recognizes the impact of their own culture on their practice. It addresses issues of inequality rooted in historical and structural violence and discrimination leading to power differences and imbalances. Instead, it focuses on safe systems, clinical settings and interactions (Code of Conduct, 2025)

Empathy: The cognitive ability to comprehend another person’s feelings and generate an emotional resonance with those feelings and motivates a willingness to respond appropriately to another’s needs (Du et al., 2022).

Patient: Is defined in the *Health Professions Procedural Code* and *O.Reg 260/18* of the *Regulated Health Professions Act*. Without restricting the ordinary meaning of the term “patient”, an individual is deemed to be a patient of the nurse for one year from the date on which the individual ceased to be the nurse’s patient. And an individual is a nurse’s patient if there is direct interaction and any of the following conditions are met:

- the nurse has charged or received payment from the individual (or a third party on behalf of the individual) for a health care service provided by the nurse
- the nurse has contributed to a health record or file for the individual
- the individual has consented to the health care service recommended by the nurse
- the nurse prescribed a drug, for which a prescription is needed, to the individual.

Despite the above, an individual is not a patient of a nurse if all of the following conditions are satisfied:

- There is, at the time the nurse provides the health care services, a sexual relationship between the individual and the nurse.
- The nurse provided the health care service to the individual in emergency circumstances or in circumstances in which the service is minor in nature.
- The nurse has taken reasonable steps to transfer the care of the individual to another nurse or there is no reasonable opportunity to transfer care to another nurse.

Professional misconduct: An act or omission that contravenes nurses' legislated obligations and/or the standards of practice and ethical expectations of the profession. Professional misconduct is defined in section 51(1) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991* and further described in the Professional Misconduct regulation (O.Reg. 799/93) under the *Nursing Act, 1991*.

Respect: Treating someone positively through actions and words that show esteem for the individual. Respect in a diversity, equity and inclusion context involves understanding and valuing differences (Canadian Centre for Diversity and Inclusion, 2025).

Social media: Community-based online communication tools (websites and applications) used for interaction, content sharing and collaboration. Types of social media include blogs (personal, professional or anonymous), discussion forums, message boards, social networking sites (for example, Facebook, Instagram, TikTok) and content-sharing websites (Code of Conduct, 2025).

Therapeutic nurse-client relationship: A professional relationship that is established and maintained by the nurse as the foundation for providing nursing care that contributes to the client's health and well-being. The relationship is grounded in trust, respect and empathy.

Trauma-informed care: A strengths-based framework grounded in the understanding of and responsiveness to the impact of trauma. The framework emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment (Canadian Centre for Diversity and Inclusion, 2025).

Appendix A: Warning signs of crossing a boundary

There are several warning signs that indicate a nurse may be crossing the boundary of the therapeutic nurse-client relationship. Nurses need to reflect on and seek assistance when one or more of the following warning signs are present:

- spending extra time with one client beyond their therapeutic needs
- changing client assignments to give care to one client beyond the purpose of the nursing care delivery model
- feeling other members of the team do not understand a specific client as well as you do
- dressing differently when seeing a specific client
- feeling guarded or defensive when someone questions your interactions with a client
- spending off-duty time with a client
- ignoring employer policies when working with a client
- keeping secrets with the client and apart from the health care team (for example, not documenting relevant discussions with the client in the health record)
- giving a client personal contact information, unless it's required as part of the nursing role
- a client is willing to speak only with you and refuses to speak with other nurses or members of the health care team

Appendix B: Providing nursing care to family and friends

In some instances, nurses, especially those working in small or isolated communities, may be required to provide nursing care for a family member or friend as part of their role. These situations should be limited to circumstances in which there are no other care providers available. The client should be stabilized and, if possible, care transferred. If a nurse's sexual partner is admitted to an organization where the nurse is providing care or services, the nurse must make every effort to ensure that alternative care arrangements are made. Until care is transferred, the nurse may provide emergency care or care that is necessary, minor in nature and provided on a one-time basis.

If it isn't possible to transfer care, a nurse must consider the following factors:

Input from the client: A client may feel uncomfortable receiving nursing services from someone with whom they have or had a personal relationship.

Self-awareness/reflection: Carefully reflect on whether you can maintain professionalism and objectivity in caring for the client, and whether your relationship interferes with meeting the client's needs. Also, ensure that providing care to a family member or friend will not interfere with the care of other clients, or with the dynamics of the health care team. Discuss the situation with your colleagues and employer before making a decision.

Maintaining boundaries: When providing nursing care for a family member or friend, be aware of the boundary between your professional and personal roles:

- clarify that boundary for the client
- meet personal needs outside of the nurse-client relationship
- develop, document and follow a plan of care

Confidentiality: It is important not to disclose information about a client to other family members and friends without the client's consent, even after the nurse-client relationship has ended.

Appendix C: Abusive behaviours

Abuse can take many forms, including verbal, emotional, physical, neglect, sexual or financial. Examples of abusive behaviours are listed below.

Verbal and emotional abuse includes, but is not limited to:

- taunting and yelling
- intimidation, including threatening comments, gestures and actions
- racism, discrimination, harassment and exclusion

Physical abuse includes, but is not limited to:

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

Neglect includes, but is not limited to:

- non-therapeutic confining or isolation
- denying care or withholding care, equipment and resources (for example, food, clothing)
- ignoring

Sexual abuse includes, but is not limited to:

- behaviour of a sexual nature by the nurse toward the client (patient), including sexually demeaning, seductive, insulting or humiliating behaviours, comments or language or non-physical sexual behaviour, such as viewing pornographic websites toward or with a client (patient)
- remarks of a sexual nature by the nurse toward the client (patient)
- touching, of a sexual nature, of the client (patient) by the nurse
- sexual intercourse or other forms of sexual contact with a client (patient)

Financial abuse includes, but is not limited to:

- borrowing money or property, withholding finances, using influence, pressure or coercion to obtain the client's money or property
- soliciting gifts
- having financial trusteeship, power of attorney or guardianship

IN EFFECT
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Professional Boundaries and Nurse-Client Relationships

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