

ETHICS STANDARD

Nurses: Boundaries in the Nurse-Client Relationship

Introduction

The nurse-client relationship is the foundation of nursing practice. It is therapeutic and focuses on the needs of the **client**. It is based on trust, respect and empathy. The nurse-client relationship is conducted within boundaries that separate professional and therapeutic behaviour from non-professional and non-therapeutic behaviour. A client's dignity, autonomy and privacy are kept safe within the nurse-client relationship.

Within the nurse-client relationship, the client is often vulnerable because the **nurse** has more power than the client. The nurse has influence, access to information, and specialized knowledge and skills. Nurses have the competencies to develop a therapeutic relationship and set appropriate boundaries with their clients. Nurses who put their personal needs ahead of their clients' needs misuse their power.

The nurse who violates a boundary can harm both the nurse-client relationship and the client. A nurse may violate a boundary in terms of behaviour related to favouritism, physical contact, friendship, socializing, gifts, dating, intimacy, disclosure, chastising and coercion.

This ethics standard sets the expectations nurses must meet when establishing, maintaining and ending the nurse-client relationship.

Standards

1. Nurses use professional judgment to determine the appropriate boundaries of a therapeutic relationship with each client. The nurse — not the client — is always responsible for establishing and maintaining boundaries.
2. Nurses are responsible for beginning, maintaining and ending a relationship with a client in a way that ensures the client's needs are first.
3. Nurses do not enter into a friendship or a romantic relationship with clients.
4. Nurses do not enter into sexual relations with clients, with or without consent.
5. Nurses are careful about socializing with clients and former clients, especially when the client or former client is vulnerable or may require ongoing care.
6. Nurses maintain the same boundaries with the client's family and friends as with the client.
7. Nurses help colleagues to maintain professional boundaries and report evidence of boundary violations to the appropriate person.
8. At times, a nurse *must* care for clients who are family or friends. When possible, overall responsibility for care is transferred to another health care provider. Nurses must also be aware where legislation specifically prohibits a nurse from providing care or services to friends or family members.

9. At times, a nurse may *want* to provide some care for family or friends. This situation requires caution, discussion of boundaries and the dual role¹ with everyone affected and careful consideration of alternatives.
10. Nurses who have a personal relationship with a client make it clear to clients when they are acting in a professional capacity and when they are acting in a personal capacity.
11. Nurses have access to privileged and confidential information, but never use this information to the disadvantage of clients or to their own personal advantage.
12. Nurses disclose a limited amount of information about themselves only after they determine it may help to meet the therapeutic needs of the client.
13. Nurses may touch or hug a client with a supportive and therapeutic intent and with the implicit or explicit consent of the client.
14. Nurses do not communicate with or about clients in ways that may be perceived as demeaning, seductive, insulting, disrespectful, or humiliating.
15. Nurses do not engage in any activity that results in inappropriate financial or personal benefit to themselves or loss to the client. Inappropriate behaviour includes neglect and/or verbal, physical, sexual, emotional and financial abuse.
16. Nurses do not act as representatives for clients under powers of attorney or representation agreements.
17. Nurses do not act as substitute decision maker under Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* when they:
 - a. are also a "manager" (per the definition within the Act) responsible for the operation of the facility, or
 - b. are responsible for admissions to a care facility.
18. Generally, nurses do not exchange gifts with clients. Where it has therapeutic intent, a group of nurses may give or receive a token gift. Nurses return or redirect any significant gift. Nurses do not accept a bequest from a client.

Glossary

Client: individual, family, group, population or entire community receiving nursing care or services from a nurse.

Nurse: licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this ethics standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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¹ A nurse in a dual role has both a personal and professional relationship with a client. While not desirable, a dual role is often unavoidable, particularly in small communities. Note that this may be prohibited in certain circumstances.