

Therapeutic Nurse-Client Relationship Interpretive Document

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COLLEGE OF
LICENSED PRACTICAL NURSES
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LPNS - A PRACTICAL APPROACH TO QUALITY CARE



The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) in accordance with the Licensed Practical Nurses Act (2005) has the legislated responsibility for regulating the practice of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador.

The mandate of the CLPNNL is to promote safety and protect the public through the provision of safe, competent, compassionate and ethical nursing care. The CLPNNL is responsible for setting, monitoring and enforcing the Standards of Practice and Code of Ethics for all LPNs in Newfoundland and Labrador.

USING THIS DOCUMENT

The CLPNNL develops Interpretive Documents to provide direction, promote clarity and give further explanation to LPNs in relation to the expectations identified within the Standards of Practice and Code of Ethics (2013). This Interpretive Document provides direction to LPNs in relation to the therapeutic nurse-client relationship.

A therapeutic nurse-client relationship is defined as a professional, interpersonal alliance in which the LPN and the client join together for a defined period to achieve health-related treatment goals. The interactions within each relationship are unique, because each LPN and client have a distinctive personality, and the health circumstances and context differs (Chauhan & Long, 2000 as cited in Arnold & Boggs 2016).

Every nurse-client relationship, regardless of circumstance, is based on trust, respect, and professional integrity. It requires the appropriate use of authority or power. The LPN must work with the client toward achieving the client's goals and ensure that the client receives safe competent care. The LPN utilizes a caring attitude and behaviors to meet the needs of the client.

PHASES OF A THERAPEUTIC NURSE-CLIENT RELATIONSHIP

Hildegard Peplau describes four sequential phases of a nurse-client relationship, each characterized by specific tasks and interpersonal skills: preinteraction; orientation; working; and termination. The phases are overlapping and serve to broaden and deepen the emotional connection between the LPN and client (Reynolds, 1997 as cited in Arnold & Boggs, 2016).

Preinteraction Phase

- The only phase of the therapeutic nurse-client relationship in which the client does not directly participate.
- During this phase, the LPN prepares to meet the client by gathering relevant client information and anticipating client concerns prior to the first interaction. Being aware of potential client concerns before meeting with the client is helpful; for example, the approach to a client whose baby is in ICU would be different than with a client whose baby is healthy and rooming in.



Orientation Phase

- Defines the purpose, roles, and rules of the process, and provides a framework for assessing client's needs.
- The LPN begins to build a sense of trust by providing the client with basic information (name, professional status and essential information about the purpose and nature of the relationship). Introductions are important even when the client is confused, aphasic, unresponsive, or unable to respond. Nonverbal supportive communication such as a handshake, eye contact, a smile and appropriate body language reinforce spoken words.
- A client's dignity, autonomy and privacy are kept safe within the nurse-client relationship. It is important for the LPN to set the context of care by providing relevant information to the client; for example, "Hello, my name is Jane Smith, I am a LPN, and I will be taking care of you until 7:30 p.m. I will be in and out of your room frequently during the day; however, if you need assistance and I am not here, please ring your call bell." This information would be presented by the LPN in a respectful manner.

Working Phase

- The problem-solving phase of the relationship, paralleling the planning and implementation phases of the nursing process. The Standards of Practice require that LPNs engage clients in a therapeutic nurse-client relationship. Within this phase, relevant treatment goals are established to guide nursing interventions and client actions, and the conversation in the working phase turns to active problem solving related to assessed needs. Clients can more deeply disclose concerns/issues that they are having.
- Corresponding to the implementation phase of the nursing process, the working phase focuses on self-direction and self-management to whatever extent possible in prompting the client's health and well-being; for example, the LPN provides information and teaching to a client with diabetes about both the importance of proper nutrition and how eating healthy will benefit the client long term with regards to blood glucose levels. Because of teaching, the client decides not to eat the chocolate bar and chooses to eat the apple instead.

Self-disclosure

Sometimes during the working phase of the relationship, the LPN may choose to self-disclose information about themselves to relate to the client. Limited self-disclosure may be beneficial when it helps the client express their feelings as they relate their experience to what the LPN has disclosed. Sharing personal information with a client can deepen trust. When a nurse models self-disclosure, clients who have trouble sharing information about themselves may also be more likely to self-disclose. Deering 1999 as cited in Arnolds & Boggs, 2016, suggests that appropriate self-disclosure can facilitate the nurse-client relationship by providing the client with information that is both immediate and personalized. Deering suggests the following strategies to keep self-disclosure at a therapeutic level:

- a) Use self-disclosure to help clients open up to you, not to meet your own needs;
- b) Keep your disclosure brief; and
- c) Do not imply that your experience is the same as the client's.

A LPN's self-disclosure should be solely for the clinical benefit of the client and never to meet the personal agenda of the LPN; for example, a LPN who is a well-controlled diabetic for 20 years could share his/her personal experience with a newly diagnosed diabetic who is having difficulty coping.



Termination phase

- When the care provided by the LPN is no longer required for the context of care; for example, a client who was hospitalized for pneumonia has recovered and no longer requires nursing care is now discharged home.
- In this phase, the LPN and client evaluate the client's response to treatment and explore the meaning of the relationship and what goals have been achieved. Discussing the achievements, how the client and LPN feel about concluding the relationship, and plans for the future are an important part of the termination phase.

Termination of a meaningful nurse-client relationship should be final in any setting. To provide the client with even a hint that the relationship will continue is inappropriate, unprofessional, and unethical; for example, the LPN informs the client that he/she may contact the client on social media to check on their condition after discharge.

BOUNDARIES WITHIN THE THERAPEUTIC NURSE-CLIENT RELATIONSHIP

Professional boundaries represent invisible structures imposed by legal, ethical, and professional standards of nursing that respect nurse and client rights, and protect the functional integrity of the alliance between the LPN and the client (Arnold and Boggs, 2016). Professional boundaries define how the LPN should relate to the client as a helping person, i.e., not as a friend, not as a judge, but as a skilled professional committed to helping the client achieve mutually defined health care goals (Briant and Freshwater, 1998 as cited in Arnold and Boggs, 2016). The LPN must always act in the best interest of the client, keeping in mind that they are providing client centered care.

A Continuum of Professional Behaviour



NCSBN, A Nurse's Guide to Professional Boundaries, n.d., page 5

The Code of Ethics identifies the development of trusting therapeutic relationships, while maintaining professional boundaries, as a required ethical principle. The nurse-client relationship is conducted within boundaries that separate professional and therapeutic behavior from non-professional and non-therapeutic behavior.

A Boundary Violation

The point at which the relationship changes from professional and therapeutic to unprofessional and personal. Standard 4.6 of the LPN Standards of Practice states that "LPNs must maintain professional boundaries in the nurse/client therapeutic relationship at all times." When a LPN misuses power to meet their own needs, or behaves in an unprofessional manner, a boundary may be crossed. Boundary violations take advantage of the client's vulnerability and represent a conflict of interest that usually is harmful to the goals of the therapeutic relationship.

Examples of boundary violations include:

- sexual encounters with clients;
- excessive personal disclosures;
- personal or business relationship; and



- request for or acceptance of special favors or expensive gifts – clients sometimes give gifts to their caregivers as a token of their appreciation. This often happens when the relationship is ending or during the holiday season. The LPN must be mindful of the gift they are about to receive and always ask themselves, “If I accept this gift, will it change the context of the therapeutic nurse client relationship?” For example, accepting a box of chocolates from a client and sharing it with staff may be considered appropriate; however, accepting diamond earrings from a client would not be appropriate. The LPN must be aware of employer policies regarding gifting.

Boundary violations are ethically wrong. Listed below are warning signs that the LPN may be becoming overinvolved:

- giving extra time and attention to certain clients;
- visiting clients in off hours;
- doing things for client that the client can do for themselves;
- discounting the actions of other professionals;
- keeping secrets with the client;
- believing that the LPN is the only one who understands the client’s needs;
- accepting friend requests on social media from clients;
- providing health care advice on social media to a client;
- dressing differently when assigned to certain clients; or
- using the client’s confidential information to benefit the needs of the LPN.

The opposite of over-involvement is disengagement. This happens when the LPN finds themselves withdrawing from clients due to the client’s behavior or intensity of the client’s responses.

A LPN may find themselves disengaging with a client when the client is:

- near death and the LPN is not comfortable watching the client die;
- constantly calling the nurse for assistance;
- sexually inappropriate;
- constantly complaining and hostile; or
- depressed or anxious.

Signs of disengagement may be evident when the LPN:

- withdraws or avoids the client;
- changes assignment because she/he had that client yesterday; or
- avoids answering the client’s call bell.

The responsibility of the LPN is to meet the needs of the client. If the LPN feels that they cannot meet the needs of the client and is experiencing any of the signs of disengagement, the LPN must seek guidance or assistance from the manager.

Boundary Violations and Social Media

Many LPNs actively participate on social media. A client may send you a “friend” request on Facebook or wish to follow you on Snapchat, Twitter, Instagram, etc. It is not appropriate for the LPN to accept friendships of this sort. LPNs are ethically and legally bound to maintain appropriate professional boundaries with clients. By



accepting these friend requests, LPNs would be crossing the professional boundaries of the therapeutic nurse-client relationship.

Boundary Considerations and Small Communities

The therapeutic nurse-client relationship is complex and maintaining professional boundaries may sometimes be challenging, particularly when the LPN and client are in a small, rural community. The LPN is responsible for knowing the professional boundaries in the therapeutic nurse-client relationship. The following statements will help guide LPNs to avoid boundary violations.

The LPN:

- is responsible and accountable for establishing and maintaining therapeutic boundaries;
- must always put the needs of the client first;
- is responsible to establish, maintain, and terminate the nurse client relationship;
- must make it known to clients and family when a potential conflict exists; for example:
 - when the LPN and client have a previous relationship (are family, relatives, friends) and the assignment cannot be changed, the LPN will act in the best interest of the client;
 - LPNs in private business, particularly in rural communities, may find themselves in a position where a relative or close acquaintance requires care and the LPN is the only available provider of that care in the area. In this situation, the LPN should acknowledge the presence of a potential conflict of interest, and be fully aware of the differences between the professional nursing role and the role as a family member or friend. The LPN must assure the client that while a personal relationship exists, the client can expect to be treated professionally and in the same manner as other clients who do not have a personal relationship with the nurse;
- maintains a trusting relationship with the client and does not disclose any information about the client to those who are outside the client's circle of care (e.g. Facebook, friends, other staff).

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).

Licensed Practical Nurses are responsible and accountable for establishing, maintaining and concluding the nurse-client relationship in a therapeutic manner in the best interest of the client. LPNs do this professionally with the use of knowledge, skill, caring attitudes and judgement while adhering to the Licensed Practical Nurses Act, Licensed Practical Nurses Regulations and By-Laws, the CLPNNL's Standards of Practice and Code of Ethics, as well as employer policies.



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