



This standard of practice is to support the PSW in providing safe, respectful, and effective personal care to the public population in a dignified and ethical approach. Standards of Practice outline the expectations of the PSW and their responsibility in the delivery of care.

Therapeutic PSW-Client Relationship

Standard of Practice for PSW's

The therapeutic PSW-client relationship is the center of the care relationship. The PSW establishes and maintains this key relationship by using knowledge and skills acquired through their education and clarifying with their supervisor/Regulated Professional as needed. A PSW should always demonstrate caring attitudes and behaviours. Therapeutic PSW services contribute to the client's health and wellbeing. The relationship is based on trust, respect, empathy and professional intimacy, and requires appropriate use of the power which is essential in the care provider's role.

This is a new document adapted from the College of Nurses of Ontario Therapeutic Nurse-Client Relationship practice standard, and provides greater clarity and direction on:

- 1) Giving gifts to and receiving gifts from clients;
- 2) Accepting power of attorney on behalf of clients;
- 3) Setting appropriate boundaries for the relationship;
- 4) Identifying and dealing effectively with unacceptable and/or abusive behaviour in the PSW-client relationships; and

The standard will help to promote safe, effective, ethical care, and to outline the generally accepted expectations of PSW's working in an unregulated profession. This also helps to provide guidance in the interest of public protection.

Components of the PSW-client relationship. There are five components to the PSW-client relationship: trust, respect, professional intimacy, empathy and power. Regardless of the context and length of interaction or care, these components are always present and must remain professional.



Trust

Trust is critical in the PSW-client relationship because the client is in a vulnerable position. Initially, trust in a relationship is fragile, and must be earned by the worker. It is a necessity that a PSW keep promises to a client in order to earn that trust. If trust is breached, it becomes difficult to re-establish that trust and thus compromises the therapeutic relationship.

Respect

Respect is the recognition of the dignity and individuality of the client; regardless of their socio-economic status, personal attributes, race, religion and/or the nature of their health problem(s). Professional intimacy Professional intimacy is unavoidable in the type of care and services that PSW's provide. It may relate to the physical activities, such as bathing, that PSW's perform for the client which creates closeness. Professional intimacy can also involve psychological, spiritual and social elements that are identified in the plan of care. Access to the client's personal information, within the meaning of the Freedom of Information and Protection of Privacy Act, also contributes to professional intimacy.

Empathy

Empathy is the ability to understand and validate another person. It includes the ability to understand the meaning and effect that the health care experience has on the client and their family. Empathy includes appropriate emotional distance from the client to ensure an objective and an appropriate professional response.

Power

The PSW-client relationship is one of unequal power. Although the PSW may not perceive it, the PSW has more power than the client. The PSW has more of an influence in the health care system, knowledge, access to privileged information, and the ability to advocate for the client and the client's significant others. The appropriate use of power, in a caring manner, enables the PSW to partner with the client to meet the client's needs. A misuse of power is considered abuse.

Standard Statements

There are four standard statements, each with attached indicators, which describe a PSW's responsibilities for meeting the PSW-client relationship. The indicators can be modified to the PSW's particular practice setting. The indicators are not indicative of their order of importance.



1) Therapeutic Communication

PSW's use a wide range of effective communication strategies and interpersonal skills to appropriately establish, maintain, re-establish and terminate the PSW client relationship

Indicators: The PSW meets the standard by:

- a) introducing herself/himself to the client by name and designation;
- b) addressing the client by the name and/or title of the client's preference
- c) Giving the client time, opportunity and ability to explain himself/herself, and listening to the client with empathy and understanding ensuring the client's feelings are not lessened;
- d) Informing the client that information will be shared with the health care team and ensuring the client understands who is a part of the health care team;
- e) Being aware of her/his verbal and non-verbal communication style and how clients might understand or misunderstand it;
- f) Modifying communication style, when needed, to meet the needs of the client (for example, to accommodate a different language, literacy level, developmental stage or cognitive status);
- g) Considering the client's preferences when encouraging the client to advocate on his/her own behalf, or advocating on the client's behalf;
- h) Promoting client choice and enabling the client to make informed decisions;
- i) listening to, understanding and respecting the client's values, opinions, needs and ethno cultural beliefs and integrating these elements into the care as set out by the Registered staff in the care plan;
- j) recognizing that all behaviour has meaning and seeking to understand the cause of a client's unusual comment, attitude or behaviour (for example, exploring a client's refusal to eat and finding that it's based in the client's cultural/ religious observations);
- k) listening to the concerns of the family and significant others and acting on/reporting those concerns when appropriate and consistent with the client's wishes;
- l) refraining from discussing his/her personal matters unless it meets a specific, identified therapeutic client need as indicated in the care plan set out by the Registered staff, rather than the PSW's need;
- n) reflecting on interactions with a client and the health care team, and investing time and effort to continually improve communication skills;



2) Client-Centred Care

PSW's work with the client to ensure that all professional behaviours and actions meet the therapeutic needs of the client.

Indicators:

The PSW meets the standard by:

a) actively including the client as a partner in care because the client is the expert on his/her life, and understanding the client's goals, wishes and preferences as set out in the care plan.

Reporting any changes or concerns to the Registered staff in order that the client remains the center of the care;

b) gaining an understanding of the client's abilities, limitations and needs related to his/her health condition;

c) respecting the client's expectations and the realistic ability to meet those expectations in the context of the client's health with the available resources;

d) recognizing that the client's well-being is affected by the PSW's ability to effectively establish and maintain a therapeutic relationship;

e) acknowledging biases and feelings that have developed through life experiences, and that these attitudes can affect the PSW-client relationship if not acknowledged;

f) reflecting on how stress can affect the PSW-client relationship, and appropriately managing the cause of the stress so the therapeutic relationship isn't affected; and

g) demonstrating sensitivity and respect for the client's choices, which have grown from the client's individual values and beliefs, including cultural and/or religious beliefs;

3) Maintaining Boundaries

PSW's are responsible for effectively establishing and maintaining the limits or boundaries in the therapeutic PSW-client relationship.



Indicators:

The PSW meets the standard by:

- a) setting and maintaining the appropriate boundaries within the relationship, and helping clients understand when their requests are beyond the limits of the therapeutic relationship;
- b) following a comprehensive care plan set out by the Registered staff with the client and health care team that aims to meet the client's needs;
- c) ensuring that any approach or activity that could be perceived as a boundary crossing is included in the care plan developed by the health care team (for example, a health care team in a LTC may determine that taking a resident out for coffee is an appropriate strategy that all PSW will consistently use to help the resident with socialization);
- d) recognizing that there are situations that may require extra thought maintaining professionalism and boundaries in certain practice settings (for example, when care is provided in a client's home, a PSW may become involved in the family's private life and is the responsibility of the PSW to recognize when her/his behaviour is crossing the boundaries of the PSW-client relationship);
- e) ensuring that she/he does not interfere with the client's personal relationships;
- f) refraining from disclosing personal information, unless it meets a therapeutic need of the client (for example, disclosing a personal problem may make the client feel as if his/her problems/feelings are being diminished or that the client needs to help the PSW);
- g) continually clarifying her/his role in the therapeutic relationship, especially in situations in which the client may become unclear about the boundaries and limits of the relationship;
- h) refraining from engaging in financial transactions unrelated to the provision of care and services with the client or the client's family/ significant other;
- i) consulting with the supervisor and/or the manager in any situation in which it is unclear whether a behaviour may cross a boundary of the therapeutic relationship, especially circumstances that include self-disclosure or giving a gift to or accepting a gift from a client;
- j) ensuring that the PSW-client relationship are developed for the purpose of promoting the health and well-being of the client and not to meet the needs of the PSW, especially when considering self-disclosure, giving a gift to or accepting a gift from a client;



k) documenting and reporting client-specific information in the client's record regarding instances in which it was necessary to consult with a supervisor/manager about a change in client condition or circumstance; and

l) considering the cultural values of the client in the context of maintaining boundaries, including situations that involve self-disclosure and gift giving

Giving and accepting gifts

The PSW meets the standard by:

a) abstaining from accepting individual gifts unless, in rare instances, the refusal will harm the PSW-client relationship. If the refusal could be harmful, consult with a supervisor/manager and document the consultation before accepting the gift;

b) accepting a team gift or an individual gift if the refusal of which has been determined to be harmful to the therapeutic relationship, only after considering:

- that the gift was not solicited by the PSW,
- that the client is mentally competent,
- the client's intent and expectation in offering the gift (that is, will the client expect anything in return, or will the PSW feel a special obligation to that client over others?),
- the appropriateness of the timing²⁰ (for example, on discharge versus Valentine's Day),
- the potential for negative feelings on the part of other clients who may not be able to, or choose not to, give gifts, and
- the monetary value and appropriateness of the gift; and

c) giving gifts to clients only as a group of PSW's or from an agency/corporation after determining that:

- the client is clear that the PSW does not expect a gift in return;
- it does not change the dynamics of the therapeutic relationship; and
- there is no potential for negative feelings on the part of other clients or toward other members of the health care team.



4) Protecting the client from abuse

PSW's protect the client from harm by ensuring that abuse is prevented, or stopped and reported.

Indicators:

The PSW meets the standard by:

- a) intervening and reporting, when appropriate, incidents of verbal and non-verbal behaviours that demonstrate disrespect for the client;
- b) intervening and reporting behaviours toward a client that may be perceived by the client and/or others to be violent, threatening or intended by the PSW to inflict physical harm;
- c) intervening and reporting a health care provider's behaviours or remarks toward a client that may reasonably be perceived by the PSW and/ or others to be romantic, sexually suggestive, exploitive and/or sexually abusive;
- d) not entering a friendship, or a romantic, sexual or other personal relationship with a client when a therapeutic relationship exists;
- e) not engaging in behaviours toward a client that may be perceived by the client and/or others to be violent, threatening or intending to inflict physical harm;
- f) not engaging in behaviours with a client or making remarks that may reasonably be perceived by other health care providers and/or others to be romantic, sexually suggestive, exploitive and/or sexually abusive (for example, spending extra time together outside of the client's care plan);
- g) not exhibiting physical, verbal and non-verbal behaviours toward a client that demonstrate disrespect for the client and/or are perceived by the client and/or others as abusive;
- h) not neglecting a client by failing to meet or withholding his/her basic assessed needs;
- i) not engaging in activities that could result in monetary, personal or other material benefit, gain or profit for the PSW, the PSW's family and/or the PSW's friends, or result in monetary or personal loss for the client; and
- j) not accepting the position of power of attorney for personal care or property for anyone who is or has been a client, with the exception of those clients who are direct family members of the PSW. Should a person for whom the PSW has been named power of attorney become a client, the PSW must declare to the manager that she/ he is the client's power of attorney and decline the client assignment



Warning Signs of Crossing a Boundary:

There are a number of warning signs that indicate that a PSW may be crossing the boundaries of the PSW-client relationship. PSW's need to reflect on the situation and seek assistance from their supervisor when one or more of the following warning signs are present:

- spending extra time with one client beyond his/ her therapeutic needs;
- feeling other members of the team do not understand a specific client as well as you do;
- disclosing personal information to a specific client;
- dressing differently when seeing a specific client;
- frequently thinking about a client when away from work;
- feeling guarded or defensive when someone questions your interactions with a client;
- spending off-duty time with a client;
- ignoring agency 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 PSW role; and
- a client is willing to speak/work only with you and refuses to speak/work with other PSW's.

When a colleague's behaviour crosses a boundary:

If a PSW believes that a colleague is crossing a therapeutic boundary, the PSW needs to carefully assess the situation. Address with the colleague:

- what was observed;
- how that behaviour is perceived;
- the impact on the client; and
- this practice standard. If the PSW is unable to speak with the colleague directly or the colleague does not recognize the problem, the next step is to speak to the colleague's supervisor. The PSW should put the concerns in writing and include the date, time, witnesses and some type of client identification, such as initials or a file number. If the situation is not resolved, further action is needed. This action should



include informing the client of his/her rights and sending a letter describing the concerns to the next level or the highest level of authority in the agency.

If a PSW witnesses another PSW or a member of the health care team abusing a client, the PSW must take action. College of Nurses research indicates that when someone intervenes in an incident of abuse, the abuse stops. After intervening, a PSW must report any incident or unethical conduct by a health care provider to the employer or other authority responsible for the health care provider.

In all cases, the PSW must inform the client of his/her right to contact police and begin criminal proceedings.

Certain legislation requires further reporting of abuse. The Child and Family Services Act, 1990 requires reporting suspected child abuse to the Children's Aid Society.

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