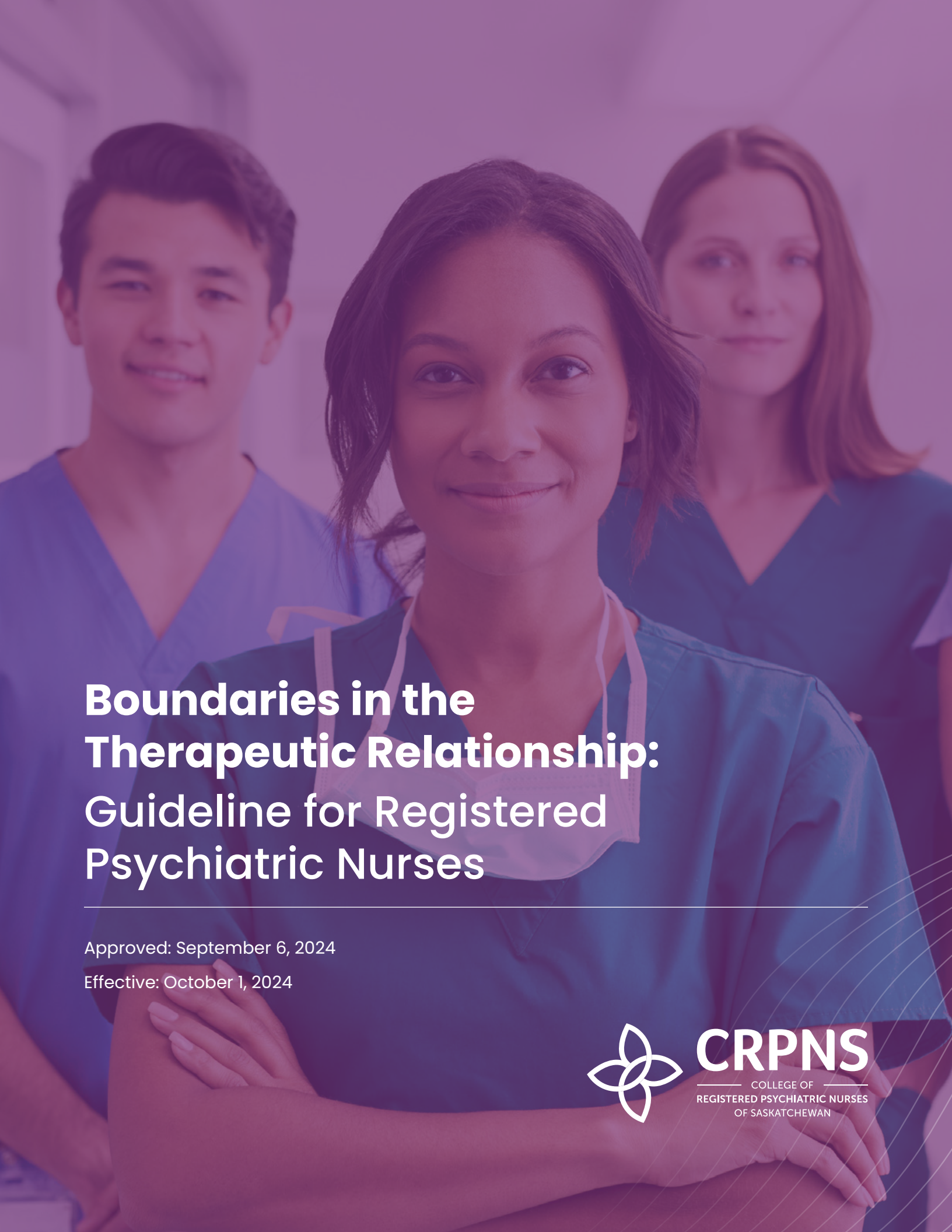

Boundaries in the Therapeutic Relationship: Guideline for Registered Psychiatric Nurses

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CRPNS
COLLEGE OF
REGISTERED PSYCHIATRIC NURSES
OF SASKATCHEWAN

Under the Registered Psychiatric Nurses Act, the Registered Psychiatric Nurses Association of Saskatchewan (CRPNS) is legally responsible to protect the public by regulating members of the psychiatric nursing profession in Saskatchewan.

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PURPOSE

The purpose of CRPNS practice guidelines is to help RPNs be aware of the requirements and obligations of specific aspects of registered psychiatric nursing practice. Practice guidelines provide more specific information related to RPN responsibilities and this document is intended to complement information outlined in the Registered Psychiatric Nurses Act, other legislation, CRPNS Bylaws, Standards of Psychiatric Nursing Practice, Code of Ethics, and other resources that support professional psychiatric nursing practice.

Practice guidelines apply to RPNs working in all domains of psychiatric nursing practice and all settings. Psychiatric nursing practice occurs within the domains of direct care, education, research, and administration. A client is a person to whom the RPN provides services. Within direct care a client may be an individual, family, group, community, or population. Within education, research, and administration, clients might be persons in care, students, research participants, staff or otherwise. RPNs in all domains and settings are expected to adhere to professional boundaries (College of Registered Psychiatric Nurses of Manitoba, 2022).

INTRODUCTION

RPNs are responsible for boundary maintenance in the therapeutic nurse-client relationship. The therapeutic relationship is the basis of psychiatric nursing care. Boundaries are the physical and psychological spaces that are unique to each person (Jones, 2023). Professional boundaries are the limits that shape expectations in appropriate relationships with clients (Townsend, 2014). The RPN establishes, maintains, and uses boundaries to protect the client from harm, and to provide safe and ethical psychiatric nursing care. Professional boundaries support the client in their self-discovery and growth and ensure the relationship between the RPN and client remains therapeutic.

RPNs are accountable for all aspects of boundary care within the therapeutic relationship and must be knowledgeable in recognizing boundary issues that emerge, including how to address them. It is important to note that the therapeutic relationship does not necessarily end when the patient is discharged. The power differential remains even after termination, and there is always the possibility to re-engage in services (Wright, 2006). Therefore, the RPN is responsible for maintaining boundaries throughout all phases of the therapeutic relationship, including the post-therapeutic relationship.

Boundaries also apply to choices the RPN makes in relation to accepting and assigning client care. Client care assignments are always made with the client's best interests in mind, considering their needs, as well as the most suitable provider to meet those needs effectively within the environment. In this way, boundaries relate to the RPN's obligation to practice within their own competence and professional scope of practice.

THE THERAPEUTIC RELATIONSHIP

The therapeutic relationship is the cornerstone of psychiatric nursing. The therapeutic relationship is defined as an interpersonal process that is purposeful, goal directed and focused on achieving outcomes in the best interest of the client. The RPN within the therapeutic relationship maximizes their communication skills, understanding of human behaviour, and personal strengths to advance the client's interests and personal growth, and to promote health and well-being (CRPNS, 2019).

Clear boundaries and expectations enhance the therapeutic relationship and minimize the chance for misinterpretation (Reamer, 2021). It is the RPN's responsibility to collaborate with the client and observe the therapeutic relationship, monitoring its effectiveness in accomplishing the client's health goals (Barker & Buchanan-Barker, 2005; Jones, 2023; Norcross, 2010; Varcarolis, 2019). The therapeutic relationship differs from other relationships in that it is guided by specific behaviour, responses and is a professional obligation based upon the standards of practice, code of ethics, and the duty to provide care (Scalon, 2006). RPNs are required to commit to the client for the duration of the RPN's care. To not follow through with one's commitment to the client is considered negligence on the part of the RPN (CRPNS, 2024; Townsend, 2014). The RPN uses humility, self-awareness, self-reflection, and critical judgement in establishing and maintaining boundaries to provide care that is physically, psychologically, and culturally safe (Jones, 2023).

Therapeutic use of self

The therapeutic use of self is a key aspect of the therapeutic relationship. The therapeutic use of self is "a complex process of self-awareness through one's own growth and development, as well as one's interactions with others, that guides the process of developing, maintaining and terminating the therapeutic relationship" (CRPNS, 2019, p. 14).

The RPN gains the trust and respect of the client through the therapeutic use of self and maintenance of boundaries, of which are in place to protect the client's vulnerability from the nurse's power (Jones, 2023). If trust is not established the therapeutic relationship cannot achieve meaningful progress, as trust is essential for effective communication, collaboration, and the client's willingness to engage in the therapeutic process (Jenks & Oka, 2021). Trust is maintained through the provision of competent and high-quality care. The RPN is responsible for managing the therapeutic use of self throughout the nurse-client relationship in accordance with the standards of practice and code of ethics.

Power within the therapeutic relationship

Power imbalances are inherent in professional relationships, including those within psychiatric nursing (Reamer, 2021). This imbalance is based on the trust and vulnerability of the client due to the client's health condition (Jones, 2023). Other factors that impact the power imbalance between the RPN and client arise from the RPN's professional expertise and status, the client's need for service, and the RPN's access to private information (Jones, 2023; Wright, 2006).

The RPN must be aware of the power they occupy within their relationships with clients and use their power intentionally for the benefit of the client. The RPN acknowledges how the imbalance of power can influence a client's response. For example, because the RPN is viewed as the expert, the client may feel pressured to behave in ways they think will meet the RPN's expectations, even if this does not align with their own preferences or needs (Jenks & Oka, 2020).

An RPN that is competent in managing the power differential is better equipped to navigate the therapeutic relationship and help the client achieve their healthcare goals (Jones, 2023). RPNs must use their power in the therapeutic relationship solely to support the client's growth. The RPN is never to use their professional power to benefit themselves. To do so would be considered a misuse of power and is in violation of the standards of practice. An RPN, therefore, must recognize when they are in a conflict of interest or there is potential for a conflict to develop. A conflict of interest exists when an RPN's personal interests influence their professional judgement and/or prevent the RPN from prioritizing the clients' best interest (RPNRC, 2014).

Practicing within the RPN's level of competence and scope of practice

RPNs are required to provide care only for which they are competent and are authorized to provide. In addition to reflecting on one's individual education, experience, and competence, this includes consideration of the RPN's professional scope of practice and employer policies. When care needs exceed the RPN's competence, scope of practice, or fall outside of what is permitted by employer policy, RPNs maintain boundaries by refraining from providing the care and communicating their professional limitations with the client and interprofessional team members. The RPN meets their duty to provide care in a variety of ways depending on the specific circumstances. These may include providing care in collaboration with a competent interprofessional team member, acquiring competence with the required skill, referring to another qualified provider, transferring the client to an alternative care environment, or working with the employer to update policies to permit the care within the environment. The decision is made based on what is in the best interest of the client with consideration of the resources available within the environment and what practices are permitted within the RPN scope of practice.

Managing transference and countertransference

Being aware of, and addressing transference and countertransference is crucial for maintaining the therapeutic relationship and upholding professional boundaries (Townsend, 2014). Transference occurs when a client unconsciously places their feelings, attitudes, and behaviours from past relationships onto the nurse, influencing how the client interacts with the nurse in the present therapeutic context. Countertransference is the nurse's emotional and behavioural responses to the client, whether negative or positive, which are based on the nurse's unconscious needs, conflicts, problems, and worldviews (Jones, 2023; CRPNS, 2019; Varcarolis, 2019). When countertransference is not addressed, the RPN risks over or

under-identifying with the patient. This may include fostering a social relationship, giving personal advice, and promoting dependence (Abargil & Tishby, 2022; Townsend, 2014). Failing to address both transference and countertransference can cause distress for the client, disrupt their awareness, and damage both the therapeutic relationship and their ability to benefit from it (Jenk & Oka, 2021; Townsend, 2014).

When transference and countertransference occur, the RPN uses self-awareness, self-reflection, and values-clarification to determine how to maintain professional boundaries and ensure that the relationship remains therapeutic. The safety and needs of the client are always put at the centre of this decision and are considered within the RPN's approach. The RPN uses their professional judgement to decide whether supervision or consultation are required to ensure professional and ethical standards are maintained within the relationship (Jenks & Oka, 2021).

Distinguishing nurse-client relationships from personal relationships

The therapeutic nurse-client relationship is specifically focused on the client's needs, growth, and well-being, whereas social relationships aim to meet the needs of both individuals involved. Examples of needs that are met in social relationships include friendship, socializing, or mutual support. The skills required for developing and maintaining social relationships differ from those needed in a nurse-client relationship. Therapeutic relationships require specialized skill and knowledge in interpersonal relationships, communications, and psychiatric mental health nursing. Social relationships have no such requirements (Varcarolis, 2019).

Dual relationships

RPNs must avoid establishing personal, social relationships with clients. When there is a preexisting relationship between the RPN and client, the RPN must be mindful of the challenges both will face in maintaining a professional relationship based on that relationship's history. The interactions between the RPN and client will be affected by the prior relationship and how one views one another. The RPN must reflect on whether engagement in a dual relationship is in the best interest of the client (Reamer, 2021).

Dual relationships are situations where the RPN has both a personal and professional relationship with a client (Crooks, 2012). Examples include where an RPN and client are neighbours, friends, family members, colleagues, or have some other overlapping relationship. Most boundary issues arise when there is a potential for dual relationships, where multiple roles overlap, potentially leading to conflicts of interest, blurred professional lines, and ethical dilemmas (Reamer, 2021). Dual relationships make it difficult for the RPN to maintain the objectivity required within their professional, therapeutic role. The RPN's personal feelings in a dual relationship can interfere with their ability to apply their professional standards and ethics.

The RPN must take all possible actions to avoid dual relationships. This includes transferring care to another healthcare provider when possible. In some cases, dual relationships are impossible to avoid, for example, in emergencies or when the RPN is providing services in small communities. In such situations, the RPN is responsible to ensure the relationship remains therapeutic. Dual relationships involving romantic and sexual relationships are contrary to the Code of Ethics and Standards of Psychiatric Nursing Practice and are therefore never permitted.

When the RPN is unable to avoid a dual relationship, they must take extra care to ensure the client's needs remain central and the psychiatric nursing care remains effective. When in a dual relationship, the RPN must:

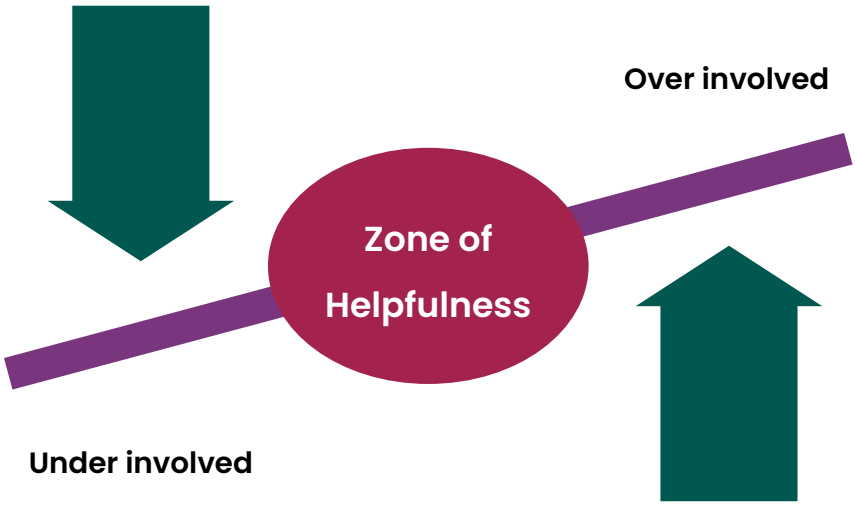
- Explore all possible alternatives to care with the client and the healthcare team (BCCNM, 2024).
- Evaluate all risks of engaging in the dual relationship and discuss these with the client (Younggren et al., 2004).
- Obtain fully informed and free consent from the client to proceed with the relationship.
- Document the above consent as well as any alternatives tried by the nurse (Younggren et al., 2004).
- Discuss with the client how to navigate interactions outside the professional setting when they arise, such as seeing one another in a personal setting (Crooks, 2012).
- Make it clear to all parties involved (client, family, other healthcare team members, the RPN themselves, etc.) when the RPN is acting in a professional role and when the RPN is in a personal role (BCCNM, 2024).
- Seek supervision and consultation with a qualified supervisor or colleague on an ongoing basis. Consultation can help the RPN determine if interventions are achieving the desired effect and are in line with professional standards as well as provide opportunity for discussion on further ethical dilemmas (Younggren et al., 2004).
- Always work within the CRPNS code of ethics and standards of practice for the benefit of the client.
- Follow employer policies related to providing care to friends and family and conflicts of interest.

In summary, the nurse-client relationship is foundational to the client's healing (Norcross, 2010; Varcarolis, 2019). The RPN must be aware of the power imbalance within the relationship and use it for the purpose of client directed goals and outcomes. This includes maintaining boundaries in relation to the types of care the RPN will provide and the nature of the relationship that is established with the client.

BOUNDARIES

Boundaries are acceptable limits of professional behaviour in a nurse-patient relationship that are intentioned to benefit the patient. It is expected that RPNs are competent in establishing, negotiating, and maintaining therapeutic boundaries (CRPNS, 2014; CRPNS, 2019; Townsend, 2014). Therapeutic boundaries protect the patient from harm, whether intended or unintended and provide a safe place for the client to explore parts of themselves (Gutheil & Brodsky, 2008; Townsend, 2024). They dictate where, when, and how the RPN connects with the client and for what purpose (Gutheil & Brodsky, 2008).

Therapeutic boundaries relate to both physical and psychological aspects of self and the relationship. Physical boundaries include privacy, physical proximity, and touching. Psychological boundaries include feelings, choices, interests, and spirituality (Jones, 2023). Boundaries can be viewed on a continuum ranging from under involvement to over involvement with the zone of helpfulness occurring in the middle (Sheets, 2001).



At times decisions about boundaries are straightforward. At other times, the decision is not as clear. A high degree of clinical judgement is needed to ensure the RPN's actions are most therapeutic for the client. The RPN must demonstrate a strong sense of self-awareness, thoroughly understand client needs, and apply their clinical expertise to provide effective care. For this reason, it is recommended that RPNs, including experienced RPNs and those working in independent practice, seek out consultation and supervision with professional colleagues regularly.

Warning signs of under involvement (BCCNM, 2024; Varcarolis, 2019):

- Delaying care or treatment
- Taking short cuts in client care
- Blaming a patient for lack of progress
- Being rough when providing care
- Using disrespectful, demeaning, insulting, or humiliating language or tone
- Avoiding a client in a way that interferes with meeting care needs
- Failure of the RPN to follow through on agreed-upon goals

Warning signs of over involvement (BCCNM, n.d.; Jones, 2023):

- Thinking about a client frequently when away from work
- Giving preferential care or time to the client and putting their care needs above others
- Feeling responsible for a client's choices and being irritated by treatment delays or barriers
- Having more physical contact with a client than is required or appropriate
- Spending breaks or time off with a client, seeking social contact, and providing personal information such as email address or phone number
- Participating in personal conversations, flirtations, off-color jokes, or sexual innuendos
- Feeling a sense of excitement, longing, romantic or sexual thoughts related to a client
- Hiding the relationship with a client from others
- Receiving feedback that the RPN's behaviour is overly familiar or intrusive
- Refusing to transfer care of a client to another provider when therapeutically indicated
- Overprotectiveness of the client (e.g., siding with client at all times)
- The RPN viewing themselves as the only one who understands the client and who can meet the client's needs
- Providing care that exceeds the limits of the RPN's competence, that is not clinically indicated, or that the RPN is not authorized to perform

Boundary crossings

Boundary crossings are brief instances where the RPN behaves outside of their general professional boundary. They can occur on purpose or by accident. Boundary crossings can be therapeutic in some circumstances, particularly when intentional, clearly communicated, and aimed at meeting a specific client need (Jones, 2023). An example of a boundary crossing is going over a scheduled time with a client during an especially emotionally charged therapeutic session. It is important to note that while the occasional boundary crossing can be therapeutic, repeated crossings often become untherapeutic and can potentially lead to boundary violations (Sheets, 2001). The RPN is expected to attend to and address any harm that occurs within the therapeutic relationship.

Boundary violations

Boundary violations occur when the RPN's behaviour is no longer focused on the needs of the client. In boundary violations, the roles are reversed, with the RPN's needs being prioritized over the client's needs, shifting the focus to satisfying the RPN's own needs instead of the needs of the client. This breaches the agreements of a therapeutic nurse-client relationship (Jones, 2023; Sheets, 2001). Violations are contrary to the code of ethics and standards of practice, and cause harm to the patient (Martin et al., 2023). Some examples include inappropriate disclosure of personal information, offers to keep secrets with a client, acceptance of gifts solicited via request or innuendo (Sheets, 2001), providing care that is not clinically indicated, or referring a client to one's own private services without making them aware of treatment alternatives. Boundary violations cause distress to the client, although this might not be readily visible at the outset of the violations. The negative consequences for the client when boundaries are violated include feelings of ambivalence, mistrust, guilt, or shame, and worsening of mental health symptoms (Gutheil & Brodsky, 2008; Jones, 2023). The RPN may also experience negative emotions such as embarrassment, guilt, shame, and disgust when boundaries have been violated (Jacob et al., 2022).

Boundary violations are not reversible and are never acceptable. The RPN must adhere to their standards of practice and code of ethics to avoid such violations. Boundary violations may result in harm to the client, public mistrust in the RPN and/or profession, and personal and professional issues for the RPN, including potential disciplinary measures.

When boundaries are violated, the RPN must take immediate steps to resolve the issue. The RPN restores the focus on the client. This includes taking full responsibility for the violation and discussing the behaviour and its impact with the client. The RPN must consult with a trusted colleague, supervisor, or the care team, as necessary. Self-reflection following the situation is necessary for prevention of future issues and to evaluate the impact of the violation and steps to repair on the client. The RPN continuously monitors the need for additional intervention.

Misconduct and abuse

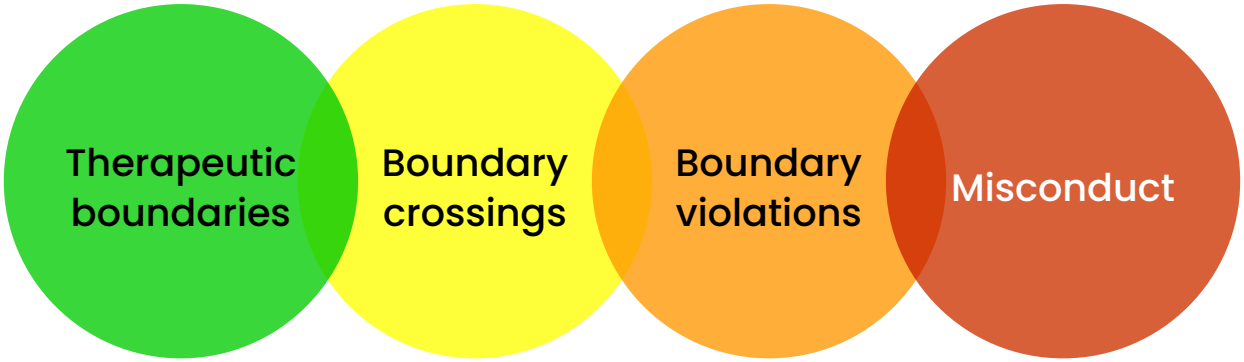
Sexual misconduct and abuse are extreme cases of boundary violations. Abuse takes many forms such as physical, sexual, psychological, financial, and neglect (Government of Canada, 2019). Sexual misconduct and abuse are never acceptable (Jones, 2023). Sexual misconduct occurs when the RPN behaves in a way that would be viewed as sexual by the patient, such as making an inappropriate comment or physical touching which is not clinically indicated (Jones, 2023). Sexual abuse as defined by the Government of Canada (2019) is: "any situation in which force or threat is used to obtain participation in non-consensual sexual activity or coercing a person to engage in sexual activity against their will" (p.3). Sexual abuse is not tolerated: it is a crime in Canada and a violation of professional standards and ethics. It is not appropriate for the RPN to engage in any romantic or sexual activity with a current or former client who has received psychotherapeutic services from the RPN. Such behaviours can result in disciplinary action.

All forms of abuse and sexual misconduct can result in numerous negative outcomes for the patient, which can in turn cause a patient to become distrustful of professionals (Martin et al., 2023). This distrust can prevent a client from seeking help and can further aggravate health concerns (Martin et al., 2023). Further, engaging in such behaviours has a negative impact on the profession of psychiatric nursing, potentially deterring the public from using mental health services (Martin et al., 2023).

Preventing boundary violations

The RPN is responsible to prevent boundary violations. There are factors that increase an RPN's vulnerability to boundary issues (Jones, 2023). The RPN must pay careful attention to these factors, along with warning signs that violations of boundaries may occur or have already occurred. Since the RPN is responsible for maintaining the therapeutic relationship, they are accountable for any boundary violations or issues that arise and go unaddressed within that relationship.

Factors that may lead to boundary violations include burnout, job dissatisfaction, or when the RPN struggles to be therapeutic in their role. Another issue that may increase the RPN's vulnerability is an inability to connect with their colleagues, which may result in the RPN having insufficient support within their role or lead the RPN to pursue nontherapeutic connection with clients (Jones, 2023). RPNs also have the ethical responsibility to practice self-care (Rajai et al., 2023). RPNs who prioritize self-care can improve their own mental health, reduce the risk of burnout, and subsequently provide higher-quality care, which enhances patient safety and overall outcomes (Rajai et al., 2023). Reducing the RPN's risk factors requires a substantial amount of self-awareness and peer support or clinical supervision to prevent boundary issues (Jones, 2023).



Therapeutic boundaries

Intentional

RPN demonstrates self awareness and reflection

RPN's behaviours are directed at client's growth

RPNs level of involvement is based on client need

Boundary crossings

May be intentional or unintentional, therapeutic or untherapeutic

When therapeutic, crossings are intentional, aimed at client's growth, and clearly communicated with the client and care team

When not therapeutic, RPN recognizes and takes steps to repair with the client

Repeated boundary crossings are avoided

Example:
Accompanying client on outing when part of care plan and clearly discussed with client and team

Boundary violations

May be intentional or unintentional

Not therapeutic, contrary to the code of ethics and standards of practice

Focus on needs of the RPN

Cause distress or harm

Unacceptable and never reversible

RPN must take immediate steps to resolve and refocus on the client

Example:
Referring clients from work on a unit to one's own private business

Misconduct

May be intentional or unintentional

Not therapeutic, contrary to the code of ethics and standards of practice

Focus is on the RPN

Harmful

Can result in disciplinary action

Example:
Having sexual or romantic relationship with client, abuse of any form

CONCLUSION

Managing boundaries is a complex skill that requires the RPN's critical thinking and sound decision making. There are several factors to consider when engaging in decision making when faced with boundary issues. The RPN must assess the potential for boundary issues by considering the power the RPN has over the client and the potential of conflicting roles (Reamer, 2021). The RPN also engages in a risk management protocol encompassing the following: recognizing conflicts of interest and warning signs, consults colleagues and literature, standards and code of ethics, and then creates a plan when boundaries are in question (Reamer, 2021). The plan could include terminating the relationship, ensuring proper documentation of all interventions and rationale, continual monitoring of effectiveness of interventions used and requesting clinical supervision (Reamer 2021).

Questions for the RPN when making decisions related to therapeutic use of self and boundaries (Wright, 2006):

- Do my actions contribute to the therapeutic nurse-patient relationship?
- Is my behaviour consistent with the nursing care plan?
- Who benefits from my action: me or the client?
- Would I be comfortable discussing this with my colleagues?
- Is my behaviour in line with the CRPNS standards of practice and code of ethics?

ADDITIONAL RESOURCE

CRPNS Practice Program

CRPNS offers free, confidential consultation via email or the phone to help psychiatric nurses, employers, healthcare providers, the public and others understand psychiatric nursing practice in Saskatchewan. In addition to one-on-one consultation, CRPNS also offers education to teams that may benefit from learning more about a specific area of psychiatric nursing practice.

If you have additional questions or concerns about professional boundaries or other practice matters, contact CRPNS at info@CRPNS.com

REFERENCES

Abargil, M., & Tishby, O. (2022). Countertransference awareness and treatment outcome. Journal of Counseling Psychology, 69(5), 667–677. doi:10.1037/cou0000620

Barker, P. J. & Buchanan-Barker, P. (2005). The Tidal Model: A Guide for Mental Health Professionals. Routledge.

British Columbia College of Nurses and Midwives. (n.d.). Warning signs: Do you know when you're crossing a boundary? British Columbia College of Nurses and Midwives. https://www.bccnm.ca/RPN/learning/boundaries/Pages/boundary_crossing_violation.aspx

British Columbia College of Nurses and Midwives. (2024). Understanding boundaries. https://www.bccnm.ca/RPN/learning/boundaries/Pages/understanding_boundaries.aspx

College of Registered Psychiatric Nurses of Manitoba. (2022). Practice direction: Professional boundaries in psychiatric nursing. https://crpnm.mb.ca/wp-content/uploads/2022/08/Practice-Direction-Professional-Boundaries-in-Psychiatric-Nursing-FINAL-1.pdf

Crooks, K. H. (2012). Dual relationships and rural nurse's transition to practice: A Canadian ethnographic study. The rural nurse: Transition to Practice, 47-59. https://books.google.ca/books?hl=en&lr=&id=NvIoBGN6FmYC&oi=fnd&pg=PA47&dq=dual+relationships+in+nursing&ots=kLYb1Bxmrm&sig=9T5JAWDq0Bytx8ljwuoTdp0IUR8#v=onepage&q=dual%20relationships%20in%20nursing&f=false

Government of Canada. (2019, July 26). Types of Abuse. Canada.ca. https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/service-delivery/abuse/types-abuse.html

Gutheil T. & Brodsky, A. (2008). Preventing Boundary Violations in Clinical Practice. The Guilford Press.

Jacob, C. J., Byrd, R., Donald, E. J., Milner, R. J., & Flowers, T. (2022). Avoiding boundary violations: Recommendations for managing attraction to and from clients in response to the healthcare providers service organization's 2019 report. Journal of Mental Health Counseling, 44(1), 6–17. doi:10.17744/mehc.44.1.02

Jenks, D. B., & Oka, M. (2021). Breaking hearts: Ethically handling transference and countertransference in therapy. American Journal of Family Therapy, 49(5), 443–460. Doi:10/1080/01926187.2020.1830732

Jones, J. S. (2023). Boundary management. In J.S. Jones & A. M. Beauvais (Eds). Psychiatric Mental Health Nursing: An Interpersonal Approach (3rd ed.). pp. 43-54. Jones & Bartlett Learning.

Martin, G. M., & Beaulieu, I. (2023). Sexual misconduct: What does a 20-year review of cases in Quebec reveal about the characteristics of professionals, victims, and the disciplinary process? Sexual Abuse, 0(0). doi:10.1177/10790632231170818

Norcross, J. C. (2010). The therapeutic relationship. In The heart and soul of change: Delivering what works in therapy., 2nd ed. (pp. 113–141). American Psychological Association. doi:10.1037/12075-004

Rajai, N., Ebadi, A., Karimi, L., Sajadi, S. A., & Parandeh, A. (2023). A systematic review of the measurement properties of self-care scales in nurses. BMC Nursing, 22(1), 1–12. doi:10.1186/s12912-023-01450-2

Reamer, F. (2021). Boundary Issues and Dual Relationships in the Human Services (3rd ed.). Columbia University Press.

Registered Psychiatric Nurses Association of Saskatchewan. (2024). Duty to provide care. Author. https://CRPNS.com/wp-content/uploads/2024/09/CRPNS-Duty-to-Provide-Care.pdf

Registered Psychiatric Nurse Regulators of Canada. (2014). Registered Psychiatric Nurse Entry Level Competencies. Author. https://CRPNS.com/wp-content/uploads/2024/01/CRPNS-Entry-Level-Competencies.pdf

Scalon, A. (2006). Psychiatric nurse's perceptions of the constituents of the therapeutic relationship: a grounded theory study. Journal of Psychiatric and Mental Health Nursing, 13, 319-329. doi:10.1111/j.1365-2850.2006.00958.x

Sheets V. R. (2001). Professional boundaries: Staying in the lines. Dimensions of critical care nursing: DCCN, 20(5), 36–40. doi:10.1097/00003465-200109000-00010

Townsend, M. (2014). Psychiatric mental health nursing: Concepts of care in evidence-based practice. F. A. Davis Company.

Varcarolis, E. (2019). Therapeutic relationships. In M.J. Halter, C. Pollard, S.L. Jakubec (Eds.), Varcarolis' s Canadian Psychiatric Mental Health Nursing: A clinical Approach (2nd ed.), pp. 136–140). Elsevier Canada.

Wright, L. D. (2006). Violating professional boundaries. Nursing, 36(3), 52–54. https://doi.org/10.1097/00152193-200603000-00041

Younggren, J. N., & Gottlieb, M. C. (2004). Managing risk when contemplating multiple relationships. Professional Psychology: Research and Practice, 35(3), 255–260. doi:10.1037/0735-7028.35.3.255