



**RNAO submission to College of
Nurse of Ontario regarding the
*Therapeutic Nurse-Client
Relationship* practice standard**

April 7, 2025



The Registered Nurses’ Association of Ontario (RNAO) is the professional association representing more than 54,400 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses’ contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide early feedback to the College of Nurses of Ontario (CNO) on its current *Therapeutic Nurse-Client Relationship* practice standard. Our analysis of the practice standard addresses:

- the key components of the standard, and
- identifying gaps and potential areas of risk within the standard.

Practice standards key components

RNAO analyzes key components we’ve identified within the practice standard in the following table.

Key components	RNAO’s rationale
<p>1. Examples of abusive behaviours provided</p> <p>RNAO is pleased to see that Appendix A to the practice standard identifies forms of abuse and broadly outlines abusive behaviour for nurses (1).</p>	<p>Abuse in health care can take many forms with the risk of persons experiencing abuse throughout their journey in the health system across settings and sectors, including vulnerable individuals such as long-term care home residents (2). Abuse both diminishes the therapeutic nurse-patient relationship and impacts health outcomes negatively.</p> <p>Alarmingly, 61 per cent of nurses in Canada experience some form of workplace violence, impacting their physical, mental and emotional wellbeing (3,4). Understanding abusive behaviour is key to developing and implementing effective strategies to prevent and mitigate violence toward patients and nurses (5).</p>
<p>2. Responsibility of employers</p> <p>RNAO is pleased to see that page 13 of the practice standard outlines the shared</p>	<p>Employers and nurses have a shared responsibility to provide and maintain safe and healthy work environments that meet the needs of patients, families and providers (6).</p>

Key components	RNAO’s rationale
responsibility of employers and nurses in providing a quality practice setting.	Employers also have a fundamental responsibility for ensuring that nurses have access to resources that support the delivery of quality care, and strategies in place to reduce contributing factors that increase the risk for workplace violence and abuse (7,8).

Gaps and potential areas of risk

RNAO has identified gaps and potential areas of risk that we have outlined in the table below.

Gaps and risks	RNAO’s rationale
<p>1. Gender-inclusive language</p> <p>The following gender-specific language is used throughout the practice standard: Himself, herself, his, her, he and she (1).</p>	<p>RNAO recognizes and appreciates that the CNO has started implementing gender-inclusive language within the Nursing Act, 1991 (9).</p> <p>Integrating gender-inclusive/neutral language within CNO Practice Standards is critical to ensure access to respectful and equitable resources for 2SLGBTQI+ nurses, who otherwise may not see themselves reflected in the material (10). Use of gender-inclusive language by the CNO would also signal broader acceptance of gender and sexual diversity within the nursing profession and patient population (11).</p>
<p>2. Supportive resources</p> <p>An indicator on page 13 – “provide resources to support the provision of culturally sensitive care” – does not address the need for culturally safe and inclusive care (1).</p>	<p>Establishing a therapeutic relationship requires a trusting and genuine partnership (12). Cultural safety and inclusive care is vital to the nurse-patient therapeutic relationship and for the delivery of high-quality care by ensuring that an individuals unique needs are addressed equitably (13). Cultural safety moves beyond cultural sensitivity to address power imbalances and attitudes that impact care delivery and health equity (11,14–16).</p>

Gaps and risks	RNAO's rationale
	<p>RNAO recommends that the CNO include language within the indicators on page 13 of the practice standard to advise that continuing education and resources must be provided for nurses on culturally safe and inclusive care to meet the needs of equity-deserving and marginalized populations such as Black, Indigenous and 2SLGBTQI+ (11).</p>
<p>3. Power imbalances</p> <p>An indicator on page 9 – “promote collegial/interprofessional relations by role modeling and promoting and organizational cultural of respect” – does not address power imbalances (15).</p>	<p>RNAO recommends that the CNO include language within the indicators on page 13 of the practice standard to advise that employers have a responsibility to understand and address implicit bias and power imbalances – both positional and equity, diversity and inclusivity (EDI) related that negatively impact the nurse-client therapeutic relationship and the well-being of providers (15).</p> <p>RNAO has done extensive work to foster healthy work environments, such as our Developing and Sustaining Nursing Leadership and Managing and Mitigating Conflict evidence-based best practice guidelines (BPG) which provide a framework for organizations to recognise, address and balance power within teams to improve patient outcomes and support a safe and healthy work environment.</p> <p>In keeping with RNAO’s healthy work environment BPGs, we recommend that the following language also be incorporated on page 13 of the practice standard (17,18):</p> <ul style="list-style-type: none"> • Organizations promote positive collegial and interprofessional relations by implementing policies that support collaborative work environments.

Gaps and risks	RNAO's rationale
	<ul style="list-style-type: none"> Organizations provide opportunities for mentorship and leadership training.
<p>4. Risk for safety</p> <p>An indicator on page 9 – “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 nurse to inflict physical harm” – may inadvertently risk the safety of the nurse (1).</p>	<p>RNAO strongly recommends that the CNO adds language that indicates nurse safety should be prioritized to reduce risk of physical harm or violent behaviour.</p>
<p>5. Prompt investigation of abuse</p> <p>An indicator on page 13 – “ensure reports of abuse are investigated and addressed” – does not specify the need for prompt investigation.</p>	<p>Nurses need effective “zero tolerance” anti-violence policies with mechanisms to promptly respond to and investigate reports of suspected violence or abuse from a patient, family or co-worker (8). RNAO recommends that the CNO amend the language in the practice standard to require immediate investigation of any reports of abuse.</p>
<p>6. Social media</p> <p>Nurses who use social media platforms to share information need help understanding their legal and professional responsibilities regarding this type of communication to mitigate the risk of crossing a therapeutic boundary (19).</p>	<p>RNAO strongly recommends that language be included within the practice standard to support the decision-making processes of nurses when using social media (e.g., accepting friend requests from patients or their families, and giving advice through social media platforms) (20).</p>

Conclusion

Thank you for the opportunity to contribute early feedback on the current *Therapeutic Nurse-Client Relationship* practice standard. RNAO looks forward to reviewing the new draft version of this practice standard later this year. We welcome the opportunity to meet with the CNO to address and questions or concerns.

References

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