

# PROFESSIONAL BOUNDARIES FOR HOSPICE AND HOMECARE WORKERS

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The Leaders In Home Health and Hospice Care

## WHAT ARE BOUNDARIES?

- ▶ SOCIAL BOUNDARIES:
  - Mutual needs being met
  
- ▶ INTIMATE BOUNDARIES:
  - Emotional commitment to each other
  
- ▶ PROFESSIONAL BOUNDARIES:
  - Focus on relationship is on the patient/client

## **WHAT ARE PROFESSIONAL BOUNDARIES?**

- ▶ Clearly established guidelines that allows for safe connections between clinicians and patients/families
- ▶ Boundaries protect the space between the professionals power and the client's vulnerability

## **WHY ARE BOUNDARIES IMPORTANT?**

- ▶ Protects both the worker and the client
- ▶ Power balance inherent in relationship
- ▶ Crossing of boundaries can result in sub-standard care and risk of worker termination

## WHY BOUNDARIES ARE IMPORTANT?

- ▶ Keeps the focus on the patient
- ▶ Keeps the focus on the specific **ROLE** of the worker
- ▶ Helps with the potential worker “burn-out”
- ▶ Contributes to team “cohesiveness”
- ▶ Professional relationship will end

## WHY IMPORTANT?

- ▶ Consistency on team/staff
- ▶ Need to trust other staff on off-hours
- ▶ Need consistency around info to patients and families
  - Work extensions: Do you provide these or give main number? Why or why not?

## WHY IMPORTANT?

- ▶ Focus needs to be on “professional role” and job expectations
- ▶ Can be “set up” for other team members
  - “But the social worker brought me pictures of her grandchildren”.

## WHY IS IT DIFFICULT TO MAINTAIN BOUNDARIES:

- ▶ The clinician feels the need to “save” or “fix” the patient/family
- ▶ The clinician does not trust that other team members can fulfill THEIR responsibilities
- ▶ The clinician feels she/he is the only one that works best with the patient

## CONSEQUENCES OF LOOSE BOUNDARIES:

- ▶ Compassion fatigue – clinician’s role may not be sustainable
- ▶ Potential for “splitting” on teams
- ▶ Patient/family may feel betrayed, abandoned and/or poorly serviced
- ▶ The reputation of the agency and/or profession may be compromised

## RISKS

- ▶ Patient needs not being met
- ▶ Worker vulnerable for poor performance
- ▶ Worker vulnerable for termination
- ▶ Agency and worker vulnerable for legal consequences

## HOW ARE BOUNDARIES VIOLATED?

- ▶ Obvious violations are clear
  - Romantic involvement
  - Receiving or giving gifts (other than token gifts)
  - Dual relationships
    - Caring for family or friends
  - Visiting patients on off-time

## MORE SUBTLE BOUNDARY VIOLATIONS

- ▶ Most violations are subtle and well-meaning
- ▶ Often responding to a “perceived” crisis
- ▶ Many of us want to “fix” situations or problems
- ▶ Best intentions are usually present

## HOW ARE BOUNDARIES VIOLATED?

- ▶ When visit consistently extends over time allotted
  - There are occasional emergency situations
- ▶ When worker performs tasks for family members
- ▶ When worker performs tasks not permitted
  - Taking patient for ride in worker's car
  - Going to the store or pharmacy

## WHO'S AT MOST RISK?

- ▶ Those whose social needs are not being met
  - Must have life and connection "out of work"
- ▶ Staff who does not feel comfortable sharing their interaction with others...
  - Good check: "Would I tell my manager about this?"

## WHY IS HOME CARE DIFFERENT?

- ▶ Longer relationship and connection
- ▶ Visit can “feel” like a crisis because of isolation (no other staff available)
- ▶ Families also need support
- ▶ Working alone – no supervision or immediate help present

## HOSPICE ISSUES

- ▶ Often more “urgency” around needs
- ▶ Can be very intimate work
- ▶ Patients and families very vulnerable at this time
- ▶ Often very emotional and confusing time for patients and families



## PHONES

- ▶ Important NOT to give home or cell phone numbers
- ▶ **WHY?**
  - This assumes you're available 24/7
  - Can be set up for other team members

## SUGGESTIONS

- ▶ **Be cautious about which phone you're calling from**
  - Caller ID available – can BLOCK your home number (no charge)
- ▶ **Be clear and consistent about WHICH phone numbers patients should call**
- ▶ **Be clear about your availability**
  - "I work 8 to 4:30 and have Fridays off"

## (CONT.)

- ▶ **Voice mail messages need to be clear and consistent**
  - Should be same “script” that all clinicians use – giving same information
  - Need to always leave a vacation message that’s clear: Begin immediately with: “This is an away message,etc....”

## SOCIAL MEDIA ISSUES

- ▶ **Email addresses:**
  - Do not give personal email addresses – you can give Manager’s agency email address
- ▶ **Facebook and Tweeter:**
  - Do not “friend” any patients or family members
  - Do not say “yes” to requests from patients

## PERSONAL DISCLOSURE

- ▶ Can often feel like a “GRAY AREA”
- ▶ **DANGER!**
  - Can burden patient and family
  - Whose hour is this??
- ▶ **Focus needs to be on patient needs and job tasks**
  - What are worker’s responsibilities/tasks?

## PERSONAL DISCLOSURE

- ▶ **Don’t have to answer every question we’re asked!!**
  - When in doubt, “pause” and be hesitant to share
  - Ask yourself: “Why am I sharing this?” or acronym:W.A.I.T.: “Why am I talking?”
- ▶ **Can speak in “general terms”**
  - “Yes, I do have children”
  - “I live in the Merrimack Valley”

## WHEN SHOULD WORKER DISCLOSE?

- ▶ To develop trust and rapport
- ▶ To be more “authentic” with patient
- ▶ When it is therapeutically in the best interest of the patient

## QUESTIONS TO CONSIDER:

- ▶ Does this benefit the patient?
- ▶ Whose agenda is being met?
- ▶ Would I be comfortable sharing this disclosure with my manager?
- ▶ Does this detract from my role?
  - Am I completing my tasks?

## GIFTS

- ▶ In general policy is:
  - Not to accept gifts from patients
  - Solution is to suggest they donate to agency
- ▶ Token gifts?
  - Would I feel okay telling my manager about this?

## GIFTS (CONT.)

- ▶ Is this in the best interest of the patient?
  - Family made cookies, etc.
  - Family picked flowers from garden
  - What would be consequences if clinician refused?

## GIFT GIVING

- ▶ Gray area?
- ▶ Is occasional cup of coffee okay?
- ▶ What is patients expectations if I do this?
- ▶ Is this a “set up” for other team members?
- ▶ Why don't I do this for all patients?

## RED FLAGS

- ▶ **When agency issues are discussed**
  - “We need more help – I have five more patients to see today”
  - “I had a fight with my manager”
- ▶ **When purpose of the visit isn't focus on patient**
  - “Why am I here?”

## RED FLAGS

- ▶ Patient and clinician begin referring to each other as friends
- ▶ Clinician gives or receives gifts from patient
- ▶ Clinician reveals excessive personal information to patient
- ▶ Clinician visits patient on off hours

## RED FLAGS

- ▶ When most of the visit is spent with the worker talking
  - Visit is about patient's needs
- ▶ When personal problems are disclosed
  - Burdens the patient and the family

## RED FLAGS

- ▶ Giving advice outside of scope of practice
- ▶ Being judgmental or critical
- ▶ Suggestive humor
- ▶ Spending extra time with some patients and limiting time with others

## RED FLAGS

- ▶ Feeling “too attached”
  - This relationship will end
- ▶ Doing extra things for patients
- ▶ Feeling other team members do not understand patient like you do



## MORE RED FLAGS

- ▶ Visiting patient after hours or on weekend
- ▶ Bringing family members to visit patient
- ▶ Inviting patient or family to your home
- ▶ Ignoring agency policy/rules when working
  - ▶ with patient
- ▶ Withholding information about patient from other staff or team

## MORE RED FLAGS

- ▶ Thinking about work or patient consistently when not in work
  - “Head still in work!!”
- ▶ Trading assignments to get a specific patient
- ▶ Choosing “sides” between patient and family
- ▶ Discussing colleagues or agency business with patient

## AREAS OF CONCERN:

- ▶ Putting our own “self-care” last by over-extending ourselves
  - “Sure I can stay longer than the hour”
- ▶ Forgetting this is “just a job” and that other staff is available
- ▶ Feeling possessive of patient or family
  - “No one else can connect like I can”

## SUGGESTIONS

- ▶ We all make mistakes!!
- ▶ The compassion that make many workers choose this field and make them so special can be the exact thing that causes boundary issues
- ▶ **Examples:**
  - Share our “lessons learned”!!

## SUGGESTIONS

- ▶ **Communication with each other:**
  - Importance of being open and not defensive
- ▶ **Recognizing errors in judgment**
  - “Patient told me you gave her your home telephone number and asked for mine..”

## MORE STRATEGIES

- ▶ Focus on helping patients and families to reach their goals
- ▶ Respect patient’s boundaries (touch and space)
  - Example of “touchy/feely clinician”
- ▶ Ask for opportunities to keep learning and growing professionally

## MORE STRATEGIES

- ▶ Identify your own professional strengths
- ▶ Be aware of your vulnerable areas
- ▶ Utilize supervision and communication with peers
- ▶ Ask for help

## QUESTIONS TO ASK:

- ▶ Do you practice self-care activities often?
- ▶ How do you re-charge?
- ▶ How do you know if you're overwhelmed or stressed?

**GOAL IS TO GROW AS  
PROFESSIONALS**