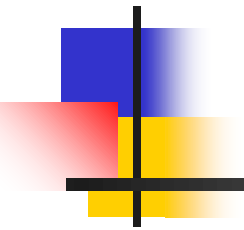
PROFESSIONAL BOUNDARIES FOR CLINICAL WORKERS



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WHAT ARE BOUNDARIES?

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

WHAT ARE PROFESSIONAL BOUNDARIES?

- Clearly established guidelines that allows for safe connections between clinicians and patients/families

- Boundaries protect the space between the professional's **power** and the client's **vulnerability**

WHY ARE BOUNDARIES IMPORTANT?

- TO PROTECT THE CLINICIAN
- TO PROTECT THE CLIENT/PATIENT
- TO PROTECT THE AGENCY

WHY ARE BOUNDARIES IMPORTANT?

- Keeps the focus on the patient
- Keeps the focus on the specific role of the worker
  - Why am I here? What is my job?
- Helps with potential worker burn-out
- Contributes to team cohesiveness
- Professional relationship will end

WHY ARE BOUNDARIES IMPORTANT?

- Responsibility of the clinician to maintain boundaries
  - "We're the professionals"
- Power imbalance present: Puts patient and worker at risk if boundaries are NOT maintained
  - "This is NOT a friendship"

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 (burn-out) - 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
- Legal issues - litigation - reason to dismiss

HOW ARE BOUNDARIES VIOLATED?

- Obvious violations are clear
  - Romantic relationship
  - Receiving or giving gifts (other than token gifts)
  - Dual Relationships
  - Caring for ones' own family, etc.
  - Visiting patient or family on off-time

BOUNDARY VIOLATIONS

- Other violations are usually subtle and unintentional
- Clinician often reacting to "perceived" crisis: Offers care outside role
- Best intentions are usually present
- Many of us want to "fix" situations, problems

AREAS OF CONCERN:

- Putting our own “self-care” last by over-extending self
- Forgetting this is a “job” and other staff is available.
- Home care workers more susceptible because work in isolation
- Must watch for “over-involvement”
- Physical or emotional symptoms occur
  - Headaches, Insomnia, Depression

WHY END OF LIFE CARE IS DIFFERENT

- More intense and "seductive" work
- Patients dying/suffering (can FEEL like a crisis)
- More emotional interaction and connection
- Families, too, often needing support and education/information

DIFFERENCES (CONT.)

- Often more “urgency” around needs
- Can be very intimate work
- Families and patients very vulnerable
- Often can be a very emotional time
- Witnessing “suffering” can be stressful and emotionally draining
  - “Secondary trauma”

PHONES

- Important NOT to give home or cell phone numbers

- **WHY?**
  - This assumes you're available 24/7
  - Can set up your team members who refuse to give personal phone numbers

SUGGESTIONS

- Be cautious about which phone you're calling from (especially if home phone)
  - Caller ID available (can block your number, free of charge)
- Be clear and consistent about which phone numbers patients can call (usually agency 800# is best)
- Be clear about your availability ("I work from 8 to 4:30)

PHONES (CONT.)

- Voice mail messages left by staff needs to be clear, concise and consistent

- Are all voice mail messages consistent?
  - "I work 8 to 4:30 and have Mondays off"
  - "If this is an emergency, please dial 0 and ask for manager or triage"

SOCIAL MEDIA ISSUES

- Facebook and Twitter
  - Check your privacy preferences
  - Do not "friend" any patients or family
  - Do not say "yes" to friend requests
  - Do not discuss patient or agency
  - Use caution with personal disclosure

PERSONAL DISCLOSURE

- Can often feel like “gray” area
- Danger:
  - Can burden patient and family
  - Whose visit is this?
- Focus needs to be on patient’s needs
  - (i.e.:) “I’m overwhelmed today and have five more patients to see”

PERSONAL DISCLOSURE (CONT.)

- Don’t have to answer every questions you’re asked!
  - When in doubt, be hesitant to share
  - Always err on the side of caution
- Can speak/answer in general terms
  - “Yes, I do have children”
  - “I live in the Merrimack Valley

WHEN SHOULD WORKER DISCLOSE?

- To develop rapport and trust
- Can share "generic" information with patient and family
- Always be cautious
  - Ask self: "Why am I sharing this? or
  - W.A.I.T.: "WHY AM I TALKING?"

WHEN DISCLOSURE IS APPROPRIATE?

- When it is in the best interest of the patient
  - Does this benefit the patient?
  - Why am I sharing this?
  - Whose needs are being met?
  - Would I tell my manager about this?

AREAS OF CONCERN

- When agency issues are discussed
  - "We need more help - I'm exhausted
  - "I had a fight with my manager"
- When purpose of the visit isn't the focus
  - "Why am I here and what is my role with this patient?"

WHAT ARE RED FLAGS?

- When most of the visit is spent with the WORKER talking
  - Visit is about patient's needs
    - Not workers

- When personal problems are disclosed
  - Burdens the patient and the family

RED FLAGS (CONT.)

- Over-identification with patient
  - (i.e.): Alcoholic patient reminds worker of uncle
  - Important to discuss with manager
  - In rare cases, might need to have patient be assigned to another

WHY IMPORTANT NOT TO DISCLOSE TOO MUCH?

- Burdens the patient and family
  - Focus needs to be about professional role and job responsibilities
  - Why am I here??
- Can be "set up" for other team members
  - "But the social worker always shows me pictures of HER grandchildren".

RISKS

- Shifting from Professional role to Social role
- Needs of patients not being met
- Worker vulnerable for poor performance and at risk to be fired

WHO'S AT MOST RISK?

- Those whose social needs are not being met
  - Must have life "out of work"
  - Cannot dependent on "work" meeting social or emotional needs

- Staff who does not feel comfortable discussing these issues with colleagues or manager
  - Good guideline: "Could I share this interaction with my manager?"

GIFTS

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

GIFTS (CONT.)

- Is this in the best interest of the patient?
  - Family made cookies
  - Family offering flowers from their garden
  - What would be consequences if clinician refused?

GIFT GIVING

- Grey area?
- Is occasional cup of coffee okay?
- Is this a “set up” for other staff?
- Why don’t I do this for all my patients?
- What are the consequences of this?

SET UP FOR OTHER TEAM MEMBERS

- "My nurse always brings me a coffee and a bagel when she visits".
  - What about patient's future expectations?
  - Why this patient and not others?
- If unsure, discuss with colleagues or manager

RED FLAGS!

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

OTHER RED FLAGS

- Giving advice outside scope of practice
  - "Why don't you ask for the sacrament of the sick?" (suggestion by nurse)
- Being judgmental
  - "Well, he smoked all his life and he brought this on himself"
- Suggestive humor
- Spending extra time with patient

RED FLAGS

- Feeling "too" attached
  - This relationship will end!
- Feeling possessive of the patient
- Doing things that are NOT part of your role
- Feeling other staff do not understand patient like YOU do

ADDITIONAL VIOLATIONS

- Visiting patients after hours
- Bringing family members to visit patient
- Inviting patient or family to your home
- Ignoring agency policy
  - Giving patient a ride in your car
- Not sharing patient information with staff

MORE "RED FLAGS"

- Continuing to think about your patient when you leave work
  - "HEAD STILL IN WORK!"
- Keeping secrets about patient from team members
- Trading assignments to get a specific patient
- Choosing sides between patient and family members
- Discussing colleagues or agency business

SUGGESTIONS

- We all make mistakes!!
- Examples:
  - Share our "lessons learned"
- Are some staff more vulnerable?

SUGGESTIONS

- Intimacy of work can be challenging
  - HHA may be more vulnerable
- How can we leave personal life at home?
- Also, how can we leave work "at work"
  - Ideas?
  - Strategies?

OPEN COMMUNICATION WITH EACH OTHER

- Reminding each other of concerns
  - "Patient told me you gave him your home number and then became angry when I wouldn't."
  - "Patient said you bought her a beautiful tulip plant for her birthday and wondered why I didn't bring a gift"

STRATEGIES TO HELP

- Importance of being open and NOT defensive
- Recognizing errors in judgment
  - Learning from our mistakes!
- Focusing on trust and communication with team members

MORE STRATEGIES

- Focus on helping patients and families to reach their goals
- Respect patient's boundaries
  - Touch, space, comfort measures
  - Example of "touchy/feely clinician"
- Ask for opportunities to keep learning
  - Professional workshops, etc.

MORE STRATEGIES

- Identify your own specific professional strengths, skills
- Be aware of your vulnerable areas
- Utilize supervision and communication with peers
- Ask for help or say “no” (Case triggers something for you)

QUESTIONS TO ASK:

- Do you practice self-care activities often?
- What "nurtures" you?
- How do you re-charge?
- How do you know if you're overwhelmed?

CONCLUSION

GOAL IS TO GROW AS PROFESSIONALS