

Identification and Implication of Professional Boundaries

ESRD Network of New England

“Another Educational Day
and Time Out for Technicians”

Doris Briggs, RN, BSN
April 2009



Objectives

- Define professional boundaries and their in their application in the dialysis setting
- Compare and contrast the possibilities and limitations of real verses implied professional boundaries
- Summarize the risks, both emotional and legal of practicing outside professional boundaries



Why care about boundaries?

- Increased public awareness of issues/patient rights
- Media reports of victim abuse
- Increase awareness of boundary issues in courts of law, state practice acts and media sources
- New conditions of coverage
- Network concerns- Complaints often center around professionalism



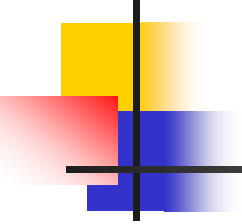
What are boundaries?

- Lines that are drawn to help define roles and interactions in relationships
- Boundaries are not new
- Professional boundaries establish appropriate limits to the patient caregiver relationship



When you become a PCT

- Become a member of the healthcare team
- Take on certain responsibilities and give up certain opportunities
- Are expected to do the ***right thing***, even when "***doing the right thing***" is not clear
- Are responsible to delineate and maintain boundaries



These statements do not give advice on what to do in the many “*gray*” situations that arise.

Boundary work is anything but straight forward.



Case scenarios: Pre Quiz

Boundary issue – or Not?

- 1. Mrs. J. hands you a box of cookies she bought from the bakery.**
- 2. You give Mrs. S. a rose for her birthday.**
- 3. Knowing that Mrs. K. collects angels, you purchase an unusual one you came across on vacation.**
- 4. Susie frequently goes out for coffee after her shift with one of her dialysis patients**



Case Scenarios: Pre Quiz

Boundary Issue – or Not?

- 5. Sally is discussing her complicated, pending divorce to one of her peers in the treatment area.**
- 6. Mr. J. typically gains 5Kg between treatments. To provide a visual example of just how much fluid this is for his heart to pump around, Carol places five 1 liter bags of saline on his chest.**
- 7. You hear Jen tell her patient that she is disappointed with his fluid gain.**
- 8. Lisa ran into one of her deceased patient's husband at a community fair. They connect, and are now steadily dating.**



Case Scenarios: Pre Quiz

Boundary Issue – or Not?

- 9. You contract with your patients Mr. W. a carpenter, to do some minor home repairs.**
- 10. Janice has purchased a used car for her daughter from one of her patients.**
- 11. Hearing that Mr. S. was evicted from his apt. today, and has no family in town, you invite him to stay in your home until he finds other arrangements since you have plenty of empty rooms and would like the company.**
- 12. Lonnie considers one of her teen-age patients to be like her little brother. She goes out of her way to help his adjust to dialysis, switches her assignments to care for his, comes in on her days off to visit him, counseling him on his personal life.**



Case Scenarios: Pre Quiz

Boundary Issue – or Not?

- 13. Eileen is on her 6th attempt to insert Mr. S. venous needle.**
- 14. You overhear Jacob mention to his patient that he is not feeling well today.**
- 15. Mrs. C. comes in crying, visually upset concerning news her son is going to Iraq. You give her a big hug.**
- 16. Your grandmother is being admitted to your HD facility**
- 17. Two staff members take a patient out for dinner after he successfully stayed within his fluid allowance for 1 week.**



Case Scenarios: Pre Quiz

Boundary Issue – or Not?

- 18. A patient, Mr. T, brings in treats for his favorite PCT's while excluding others, he also hands them envelopes with a \$20 bill inside.**
- 19. Joan starts to date the only son of one of her patients.**
- 20. The unit is closing and Joe's ride hasn't come to pick him up, since he lives on your way home you decide to give him a lift.**



What are boundaries?

Boundaries: Limits that must be set to assist professionals

- be helpful to patients
- to remain appropriately detached from the patient and his/her problems
- to define how we behave with people as patients/clients

Remember

The professional sets the boundaries and standards.
Once a patient always a patient

Benefits of Boundaries



Crucial for all health-care providers to recognize the difference between therapeutic and non-professional relationships

Violations can harm the patient, the professional, others

Sets limits to the HCP-patient relationship

Maintains a safe therapeutic connection to explore treatment issues from a position of neutrality



Benefits of Boundaries

- Boundaries
 - give each person a sense of legitimate control in a relationship
 - protect the space between the professionals' power and the patients' vulnerability
 - promote a productive, positive workplace

Everyone knows what the rules are



Who creates boundaries

- Laws
- Licensing bodies
- Specialty organizations
- Work place policy
- Individuals



Definitions

- Client/patient
 - Person or persons with whom there is a professional therapeutic relationship (individual, family, group, community, student, staff)



Definitions

- Therapeutic relationship
 - Relationship established and maintained with patient by the PCT through the use of professional knowledge, skills, and attitudes to provide care that contribute to health care outcomes



Definitions

- Fiduciary responsibility
- One in which the person with particular knowledge and abilities accepts the trust and confidence of another to act in that person's best interest



Personal and Professional

Personal relationships

- Limitless
- Equals
- Does not require formal preparation
- No fee/money
- Mutual gain
- Mutually agreed upon levels of intimacy
- Mutually agreed upon confidentiality with no legal bounds
- Unlimited time frame
- Anywhere, anytime
- Not goal oriented
- Not documented
- No defined roles
- No code of ethics

Professional relationships

- Has limits and boundaries
- Power differential
- Requires formal knowledge and training
- Money, fees, funding etc.
- For purpose of patient gain
- No physical intimacy
- Rules of confidentiality
- Carry a fiduciary responsibility
- Scheduled interaction, time limit
- Place designated, time limited
- Well defined focus/goals health care
- Documented
- Legally defined roles, licenses, codes of ethics



Definitions

Professionals boundaries:

Are lines that we draw to help define our roles and interactions in relationships. Established professional boundaries provide a means to protect the space between our power, gained from professional position and access to private information about the patient, and the patient's vulnerability.



Definitions

Personal boundaries include

- Maintaining proper physical distance
- Not touching clients in an inappropriate manner or one that can be misconstrued
- Failure to see the patient as a patient
- Never assume to know another person's boundaries unless they tell us
- Boundaries are unique to each person
- Proceed carefully
- When in doubt ask



Definitions

Conversational boundaries

- Beware of feeling informal
- Careless whispers-pretend a personal microphone is always on
- Refrain from gossip “let’s not go there”
- Never say something you wouldn’t want heard or repeated
- Walls are thin
- Think before you hit the send button
- Take the mail to the correct address-directly and privately
- Respond in a controlled manner verses reacting
- Employ tact



Definitions

Power

- The capacity to possess knowledge, to act and to influence events based on ones' abilities, well being, education, authority, place, personal attributes, access to information and other privileges.
- There is an imbalance of power. The HCP occupies the position of power.
- Requires formal knowledge, preparation, orientation and training



Definitions: Boundary Crossing

An action or behavior that deviates from an established professional boundary in the health care provider-client relationship

- **May be intentional or unintentional**
- **May be a brief excursion that may be inadvertent, thoughtless, or even purposeful to meet therapeutic need**
- **Needs to be considered case by case**
- **Some may be therapeutic depending on context (touch)**
- **Even when the action of behavior appears appropriate, is not acceptable when it benefits the HCP personal needs rather than the needs of the patient**



Definitions

Boundary Violations

- Actions or behaviors by a professional which uses the relationship to meet personal needs of the HCP at the expense of the patient
- Never acceptable
- Harm the patient
- Exploitative
- Break ethical standards
- Can result in disciplinary action at work, by professional association, criminal action
- Imply harm to the patient



Definitions

Context

A reference to the HCP's intention and the patient's perception of the intervention or event

“Having tea with a patient can be a therapeutic intervention, boundary crossing, or boundary violation depending on the context and perceptions



Definitions

The HCP needs to put it in context

- Respect the individual characteristics of the patient such as cultural and social identity, appearance, sexual orientation, religious affiliation, age, talents, skills
- Recognize the impact on their relationship and health of the patient



Definitions

Abuse

- The misuse of power or betrayal of trust, respect, or intimacy between the HCP and the patient which the HCP knows may cause physical, emotional, or spiritual harm
- Abuse must be reported



Definitions

Professional sexual misconduct

- An extreme form of boundary violation
- Includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the patient
- Can be sexual conduct against the patient's will, two "consenting" adults, marriage to the patient
- It is a breach of trust
- Can be punishable as criminal offense



Definitions

- Abusiveness to HCP
- It is the HCP's responsibility to understand the meaning behind the behavior and with the health team develop strategies to meet the patient's needs
- It may be necessary to seek help and guidance with challenging patients

Definitions



Emotional/Verbal abuse

- Verbal/non verbal behaviors that may reasonably be perceived to be
 - Disrespectful
 - Demeaning, Seductive
 - Exploitive/Manipulating
 - Insulting/Humiliating
 - Derogatory
 - Threatening



Definitions

- Retaliation
- Coercion
- Inappropriate gestures
- Intimidating
- Teasing, swearing
- Harassing
- Cultural slurs
- Inappropriate tone of voice- such as expressing impatience, sarcasm, chastising
- Disregard for modesty



Definitions

Physical abuse

Hitting

Pushing

Slapping

Shaking

Using force

Handling in a rough manner

Use of restraints



Definitions

Financial Abuse

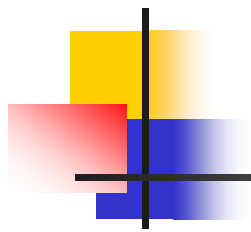
Actions taken with or without the informed consent of the patient that results in monetary, personal, or material benefit, gain, or profit to the HCP-or monetary/personal loss to the patient



Definition

Neglect

- Failure to meet basic needs of patients who are unable to meet them
- Involves exhibiting behaviors toward patients that may reasonably be perceived by patient, HCP or others as a breach of professional's duty to care
- Deliberately withholding basic necessities or care, such as clothing, food, fluid, needed aids or equipment
- Inappropriate activities such as withholding communication, privileges, confining, isolating, ignoring the patient





Potentially Acceptable Behaviors

Receiving gifts- Token or normative courtesy only

- **Consider why the gift offering is made**
- **Cultural beliefs and cultural values**
- **Access if nature of the relationship/power imbalance will change**
- **Gift was not solicited**
- **The patient is mentally competent**
- **Organizational policies are followed**

Giving gifts

- **Part of the therapeutic plan**
- **Given from organization or group**
- **Patient is clear that the HCP does not expect a gift in return**
- **Relationship is not affected**
- **No potential for negative feelings on part of other patients**



Potentially Acceptable Behaviors

Self-disclosure

- If information will assist in meeting therapeutic needs of patient
- Hugging/Supportive touch: only in selected occurrences
- Caring for family or friends
 - Personal care-the person needing the care is not the HCP'S patient



You've Crossed the Line When

You complain to patients about other patients

- Your own aches and pains, and illnesses
- About other staff members
- You accept gifts from patients
- You react with anger toward a patient
- You feel compelled to “fix” a patient’s problem more than the patient does
- You buy and sell items to or from patients



You've Crossed the Line When

- You talk to patients about your personal life (husband, children, siblings and other family members) in depth
- You tell patients where you live and give them your phone number or visit patients in their homes as a friend not in your professional capacity
- You plan activities with patients outside of the unit



Crossing the Line

- Do you share personal problems or aspects of your intimate life with patients?
- Have you ever traded assignments to care for a specific patient?
- Have you ever spent off duty time with a patient?
- Do you keep secrets with patients?
- Do you become defensive when someone questions your interactions with a patient?



Crossing the Line

- Have you ever given gifts to or received gifts from patients?
- Have you felt possessive of a patient, thinking that only you could provide the care the patient needs?
- Have you ever flirted with a patient?
- Have you ever used sexual innuendo, off color jokes or offensive language?
- Have you chosen sides with a patient against his or her family or other staff?



Crossing the Line

Have you ever exhibited:

- Secretive behavior
- Super Care giver behavior
- You and me against the world behavior
- Singled-out patient or the patient is paying special attention to you
- Selective communications-selective reporting, double messages

The Continuum of Professional Behavior



- The HCP-Patient relationship can be plotted on a continuum of professional behavior from
- Under-involvement
- ZONE of HELPFULNESS
- Over-involvement



Zone of Helpfulness

- Center of the professional behavior continuum
- This zone is where the majority of patient interactions should occur for effectiveness and patient safety



Over-involvement

- Boundary crossings
- Personal disclosure
- Favoritism
- Possessiveness
- Boundary violations
- Professional sexual misconduct
- Abuse



The Slippery Slope: Professional to Offender

- Typically Violations are preceded by boundary drifts (fantasy or thought)
- Progress to crossing
- Progress to transgressions
- Progress to violation that could interfere with the care plan, harm the patient, the professional, treatment, and result in disciplinary or legal actions



Who is at Risk for Boundary Transgression

- Well educated, ethical law abiding professionals
- Rarely the result of deliberate exploitation
- Generally the consequences of the well intentioned -that self-deceived, and rationalized the crossing for the client's benefit



Who is at Risk for Boundary Transgression

If you're human you are at risk

- Everyone has a violation potential (VP)
- VP's are dynamic
- Changes in response to life events, professional risk factors, personal vulnerabilities



Who is at Risk for Boundary Transgression

Boundary issues exist everywhere for HCP regardless of the professional setting related to

- **Developing familiarity and trust**
- **Complexity of treatment needed**
- **General lack of understanding of boundary theory**
- **Seductive pull of helping**
- **Service professionals are often expressing a need to be needed-needs met through work**



Risk Factors

Occupational Hazard:

- Work (care) setting
- Lack of boundary theory and policies
- Lack of supervision and accountability
- Isolated work environment
- Patient type (chronic vs. acute)
- Length and intensity of interactions
- Nature of therapy
- Patient vulnerabilities i.e.: fear of loss of independence
- Patient needs
- Community influences



Risk Factors

Dialysis Facilities:

- Long term care
- Intense nature of the relationship
- Moment to moment attention
- Necessary support
- Potential for close personal bond
- Relaxation of professional roles
- Appearance of being more social in nature
- Potential for role reversal-focus of interaction switched from patient to provider



Working in a Dialysis Fishbowl



Conversations

Arguments

Behaviors

Are All Visible



Unexpected Catalysts

- Divorce
- Death
- Career change
- Periods of stress, loss, trauma
- Shame- based injuries
- Provocative patients
- Needs of the HCP supplant the needs of the patient
- Need to be “liked” and gain approval
- Need to solve everyone’s problems
- Limited interests, home and family life



Boundary Warning Signs

- **Spending extra time with one patient beyond patient needs**
- **Changing (swapping) assignments**
- **Planning other patients care around one patients needs**
- **Favoring one patient at the expense of others**
- **Giving special attention/treatment that that differs from that given to other patients**
- **Feeling colleagues do not understand the patient as well as you do**
- **Acting of feeling possessive about the patient**



Boundary Warning Signs

- **Being guarded or defensive when questioned about interaction**
- **Feeling responsible if the patient's progress is limited**
- **Ignoring policies when working with a specific patient**
- **Keeping secrets with a patient apart from the team**
- **Selectively reporting of patient's behavior
(negative or positive behavior)**
- **Unable or uncomfortable documenting interactions**
- **Patients starts talking to only one PCT**
- **PCT starts to take on the roll of parent, friend, sex object**



Boundary Warning Signs

- Disclosing personal problems
- Sharing work concerns with patient
- Role reversal
- Dressing differently
- Noticing more physical touching than is appropriate or required
- Thinking about the patient frequently away from work
- Boundary drifts and fantasy thinking
- Spending off time with a patient



Boundary Warning Signs

- Giving home/cell phone and address
- Giving/receiving gifts
- Continued contact/communication after discharge from your assignment
- Denying the fact that the patient is a patient
- Denying that you have crossed the boundary from therapeutic to non-therapeutic relationship
- Needs of the caregiver being met over the needs of the patient



Protection

Accountability decreases Violation Potential: Avail
oneself to supervisor

PCT to PCT

PCT to supervisor

Team meetings

Debriefings within a supportive work environment

Self - care strategies

Develop a full, rich life outside of work

Maintain personal relationships for acceptance,
friendship, intimacy



Protection

Educate at all levels

Administrative, management, clinical etc. to include

- **Boundary theory and language**
- **Differentiation of boundary crossings vs. violations**
- **Assessment of vulnerability potential, risk factors**
- **Techniques/resources to manage VP**
- **Identification of catalysts**
- **Unit policies**
- **Use of accountability groups**
- **Training on how to spot warning signs**
- **Training on how to document and report transgressions**

Patient Education

- **Rights, responsibilities, expectations, unit policies**



Protection

Develop and strengthen communication skills

Effective communication is an essential factor in creating and maintaining a successful relationship



Guiding Principles

- **The HCP is responsible to delineate and maintain boundaries**
- **The HCP should work in the Zone of Helpfulness**
- **The HCP should examine any boundary crossing, its implication, and how to avoid repeated crossings**
- **Actions that overstep established boundaries to meet the needs of the HCP are boundary violations**
- **The HCP should avoid overlapping situations i.e. where there is a personal, business and or professional relationship**
- **Post-termination relationships are complex as the patient may need additional services in the future**



Maintaining a Safe Distance

It is the HCP not the patient's responsibility to

- **Preserve the boundaries of professionalism**
- **Make clear the limits of association**
- **Be professional but firm**
- **Inform supervisor or colleagues**
- **Keep personal records**
- **Debrief in team meeting**
- **Explain procedures before actions (i.e. touch)**
- **Document teaching and actions**
- **Never have a business relationship (i.e. tax help)**
- **Avoid personal gift giving or accepting**
- **Avoid outside "extra" time**
- **Avoid personal "intimate" discussions**



The HCP's Challenge

- Be aware
- Be cognizant of feelings and behavior
- Be observant of the behavior of self and other professionals
- Always act in the best interest of the patient
- Seek help from trusted colleagues



Conspiracy of Silence vs. Whistle Blowing

- Professionals collude to not see what is going on
- Dismiss rumors as gossip
- Minimize or trivialize behavior
- Adopt a variety of rationalizations
- Have a reluctance to report



Conspiracy of Silence vs. Whistle Blowing

Experience divided loyalties- colleagues vs. standard of practice, responsibilities to patient vs. expectations of employer

Develop the fear of

- being labeled as a whistleblower/troublemaker
- Being ostracized
- Creating chaos/ hostile work environment



Assessing Professional Behavior

Ask yourself these questions:

- Can this be documented in the medical record?
- Is the employer/peer aware of it?
- Are you willing to do this for all patients?
- Would this be allowed in another setting?
- How does this activity relate to care needs?
- Whose needs are being fulfilled?



Assessing Professional Behavior

Ask yourself these questions:

- Is the HCP doing something for this patient that they need to learn to do?
- Can other resources be used to meet the need?
- Will performing the activities take time from your work duties? Is this your roll?
- Will/can the patient expect all HCP to perform the same non work duties
- Will the activity cause confusion for the patient about your role/patients/staff?
- Will the organization's insurance cover the PCT while this activity is performed?



Reflections & Action Planning

What do I do to maintain my professional boundaries?

Increase self awareness and monitoring:

Notice your own actions that exhibit a lack of professionalism.

Carefully evaluate your behavior in light of beliefs and assumptions.

Assess your own contributions realistically

Create and action plan to correct behavior

When Others Cross the Line





Step 1: Assess the Situation

- Act early to avoid harm
- Determine if patient safety is in jeopardy
- If behavior is ambiguous, consult with a colleague or supervisor
- Timely and thoroughly document the incident
- Comply with legal and ethical mandates for reporting



Step 2: Understanding the Other

- Resist the temptation to moralize
 - Instead try to understand where they are coming from-are you seeing the behavior out of context?
 - Avoid hasty judgments
 - Take a deep breath and really listen
 - Indicate your responsibility to respond and report situations that may be adverse to the patient



Step 3: Influencing His/Her Attitudes

- **State specifically, in a non-confrontational way, how why the behavior has breached policy or professional code of conduct**
- **Do not try to place blame or find fault, rather, focus on prevention the problem from occurring in the future**
- **Be factual, what was observed, perception of the behavior, impact on the patient and others**
- **Secure a commitment to resolve the situation in a specific time frame with a specific action**



Step 4: Address/Remain Vigilant

- Speak to immediate supervisor
 - Unable to speak to colleague
 - They do not recognize the problem
 - The situation is not resolved in the time frame allotted
- Once the problem is addressed, be vigilant for future boundary warnings

When It's An Organizational Concern





Identify The Problem

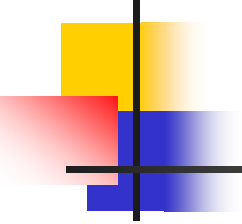
Challenge #1: Not Managing

Challenge #2: Not communicating effectively

Challenge #3: Failing to set clear goals and expectations

Challenge #4: Ignoring the problem until it's too late

Challenge #5: Failing to build a trusting work atmosphere



An employees life and how they conduct themselves outside of work is their own business and is not subject to interference by the employer.

However-when and employees actions outside impact on the workplace, the employer has the right and responsibility to address the situation.



Case Scenario

Questions to Ask

What was the intent of the boundary crossing?

- Was it for therapeutic purposes?
- Was it in the patient's best interest?

Did it optimize or detract from patient care?

Was there consultation with supervisor/peers?

Was the incident appropriately documented?



Case Scenarios

Questions to Ask

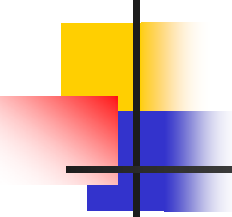
What went wrong?

What rule or code of professional conduct was broken?

What boundaries (if any) were stepped on?

What should have happened?

How would you have behaved in this scenario?



Case Scenarios: Post Quiz

Boundary Issue – or Not?

- 1. Mrs. J. hands you a box of cookies she bought from the bakery.**
- 2. You give Mrs. S. a rose for her birthday.**
- 3. Knowing that Mrs. K. collects angels, you purchase an unusual one you came across on vacation.**
- 4. Susie frequently goes out for coffee after her shift with one of her dialysis patients.**
- 5. Sally is discussing her complicated, pending divorce with one of her peers in the treatment area.**



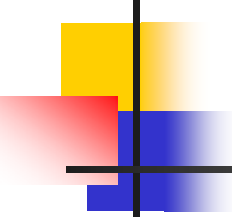
Case Scenario

I'm going through a terrible divorce!

A patient recently called the network to file a grievance. Among other things, he stated that he refused to have a certain PCT cannulate him because the PCT had been talking non-stop, about a terrible divorce and custody battle that she is going through.

He describes her in a constant state of impatience and anger. He refuses to let her work on him because he is afraid that she won't concentrate on him.

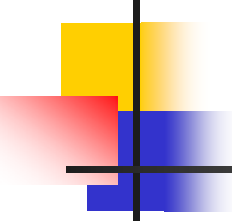
He is afraid that she will ultimately cause him pain because she is not focused on her job or her patients.



Case Scenarios: Post Quiz

Boundary Issue – or Not?

- 6. Mr. J. typically gains 5 Kg between treatments. To provide a visual example of just how much fluid this is for his heart to pump around, Carol places five 1 liter bags of saline on his chest.**
- 7. You hear Jen tell her patient that she is disappointed with his fluid gain.**
- 8. Lisa ran into one of her deceased patient's husband at a community fair. They connect, and are now steadily dating.**
- 9. You contract with your patients Mr. W. a plumber, to do some minor home repairs.**



Case Scenarios: Post Quiz

Boundary Issue – or Not?

- 10. Janice has purchased a used car for her daughter from one of her patients.**

- 11. Hearing that Mr. S. was evicted from his apt. today, and has no family in town, you invite him to stay in your home until he finds other arrangements since you have plenty of empty rooms and would like the company.**

- 12. Lonnie considers one of her teen-age patients, Ted, to be like her little brother. She goes out of her way to help his adjust to dialysis, switches her assignments to care for his, comes in on her days off to visit him, counseling him on his personal life.**

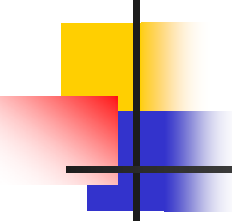


Case Scenario

Lonnie's supervisor and colleagues have noticed her relationship with Ted. Lonnie gets defensive and insists she is just helping him adjust to dialysis.

Soon after, Ted's parents file a formal complaint with the network and DPH, claiming that the nature of Lonnie's relationship with their son has caused psychological damage.

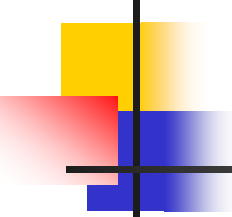
Ted, who misinterpreted Lonnie's attention and assumed she was romantically interested in his, is now despondent.



Case Scenarios: Post Quiz

Boundary Issue – or Not?

- 13. Eileen is on her 6th attempt to insert Mr. S. venous needle.**
- 14. You overhear Jacob mention to his patient that he is not feeling well today.**
- 15. Mrs. C. comes in crying, visually upset concerning news her son is going to Iraq. You give her a big hug.**
- 16. Your grandmother is being admitted to your HD facility**
- 17. Two staff members take a patient out for dinner after he successfully stayed within his fluid allowance for 1 week**



Case Scenarios: Post Quiz

Boundary Issue – or Not?

18. A patient, Mr. V, brings in treats for his favorite PCT's while excluding others, he also hands them envelopes with a \$20 bill inside.
19. Joan starts to date the only son of one of her patients.
20. The unit is closing and Joe's ride hasn't come to pick him up, since he lives on your way home you decide to give him a lift.

THANK YOU

