



MISSOURI HOSPICE

*& Palliative Care
Association*

Understanding & Establishing Boundaries

Maintaining Professional Health-Care Relationships

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Disclosures

- Katherine Morrison and Cindy Campbell, the faculty for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

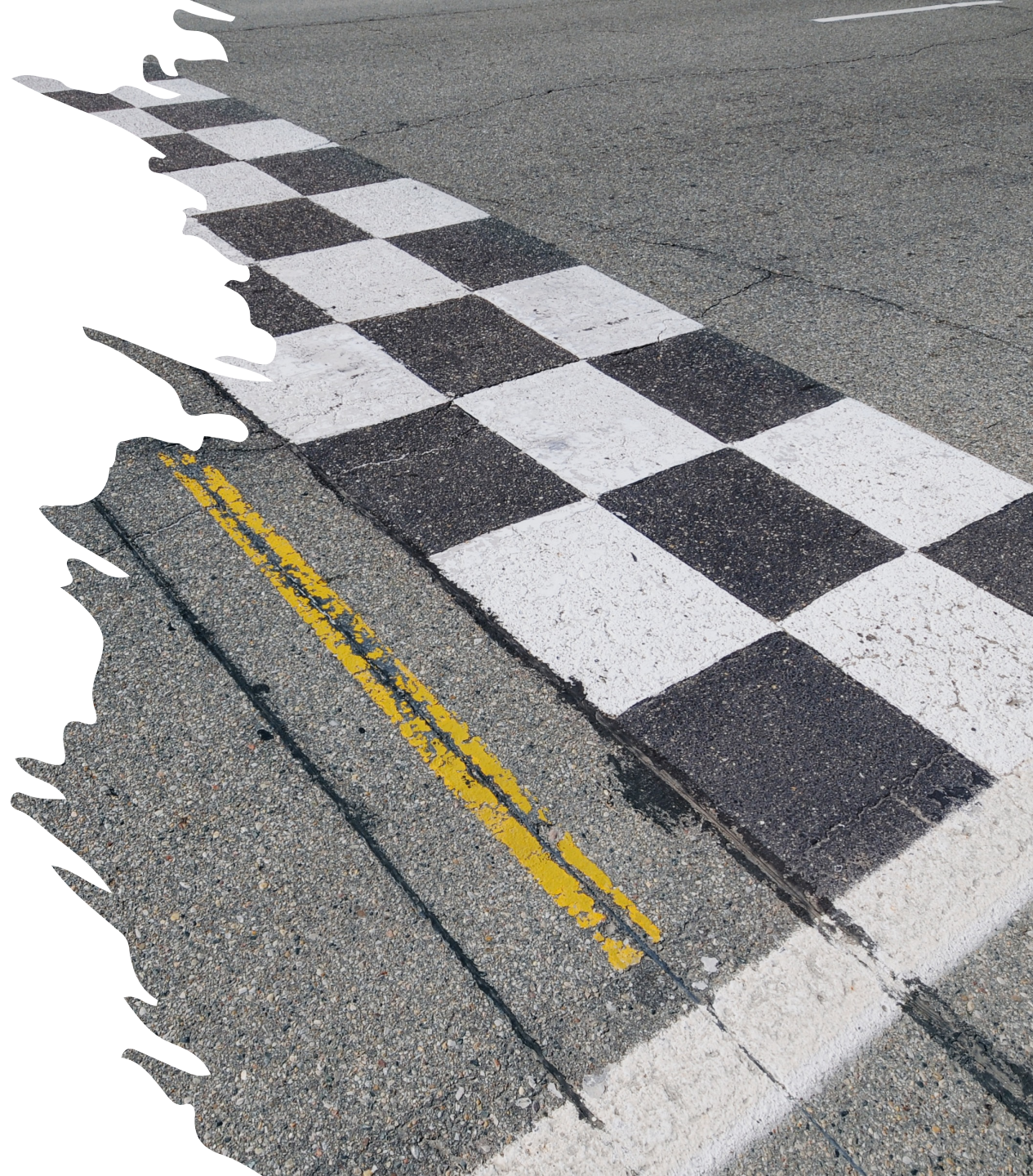
Learning Objectives

Upon completing this session, participants will be able to:

1. Describe the importance of establishing clear professional boundaries in care at home delivery
2. Explain how effective boundary-setting impacts compassion fatigue and burnout
3. Discuss the impact of maintaining health boundaries on patient and family satisfaction

Boundary Defined

- Something (such as a river, a fence, or an imaginary line) that shows where an area ends, and another area begins
- a point or limit that indicates where two things become different
- unofficial rules about what should not be done: limits that define acceptable behavior



Professional Boundaries

The limits to the relationship between someone in a professional role and the person in their care, the borders that mark the edges between a professional relationship and a personal relationship. They are like the riverbanks to the river, allowing work to take place, in a defined space.

'The limits that allow for a safe connection based on the client's needs'. ~ Marilyn Peterson



A CONTINUUM OF PROFESSIONAL BEHAVIOR



UNDER-
INVOLVEMENT

THERAPEUTIC
RELATIONSHIP

OVER-
INVOLVEMENT

Ethical Dilemmas

- Confidentiality
- Informed consent
- Gifts
- Moral beliefs
- Dual relationships
- Laws and regulations
- Agency policies and procedures



Boundaries in hospice and palliative care



- Professionals work in an emotionally charged environment
 - Can trigger one's own feelings and responses
 - Mortality
 - Previous loss history
 - Decision making
 - Treatments

Why is it important to have boundaries?

- In any professional relationship there is an inherent imbalance of power. The professional's power arises from the patient's trust that the professional has the expertise to help with his/her care.
- There is potential to innocently or inadvertently cause harm.
 - We possess that potential through entering into actions and behaviors we *think* and *believe* are innocent.
 - We enter into those actions and behaviors because we care about the people we serve and those we work with.
- Boundaries are important to protect the clinician, protect the patient/family, and to protect the agency.

What are professional boundaries?

Patients & families

- Mutually understood physical and emotional limits of the healthcare professional and patient
- Clearly established limits to allow for safe connections and interactions between the healthcare professional and patients
- **“Being with”** the patient, not becoming the patient or part of the patient’s family

Team members

- Mutually understood physical and emotional limits of the healthcare professional and co-workers
- Clearly established limits to allow for safe connections and interactions between the healthcare professional and co-workers
- Providing empathic listening and honest feedback to co-workers, not acting as a therapist or rescuer

Significance of professional boundaries

Patients & families

- Role model to the patient and family, healthy communication, and professional relationships
- Staying focused on one's responsibilities to the patient and provision of helpful and appropriate services and behaviors to the patient
- Avoiding the “rescuer” role that promotes martyrdom in the professional

Team members

- Promote healthy communication that allows each person to grow as a professional
- Staying focused on one's responsibilities to the patient and the provision of helpful and appropriate services while not becoming enmeshed with co-workers' behaviors or reactions
- Avoiding the “rescuer” role that promotes martyrdom in one professional while creating victim or less competent status in another

I don't want you to save
me.

I want you to stand by
my side while I save
myself.

Understanding professional boundaries

Patients & families


- Ability to know where you end, and the patient begins
- A clear understanding of the limits and responsibilities of your role as a health care professional
- **Being friendly, not friends**

Team members

- Ability to know where your professional responsibilities end and personal accountability begins
- A clear understanding of each discipline's scope of practice
- Being respectful and professional while at work and leaving "friendships" outside of work

Why are boundaries difficult to maintain

- Conflicts in values: the patient and/or family choices, feelings, lifestyle, beliefs and/or circumstances conflict with the provider's values and/or clinical knowledge
- Perfectionism: the need to not let anyone down
- Social conditioning: the expectation to nurture and tend to other's emotions
- Vicarious trauma: the provider experiences trauma symptoms from witnessing or hearing about other's pain and suffering
- "Hero" role: the provider's need to "save" the patient and/or family
- Poor teamwork – The provider believes that the client works best only with him/her and does not trust the other team members to deliver the same level of care. The service provider takes over the roles of the other team members
- Dual or multiple relationships: when the provider and patient and/or family relate to each other in more than one relationship, that is professional, social, or business



**Health care providers are a unique kind.
They have this insatiable need to care
for others, which is both their greatest
strength and fatal flaw.**

Consequences of poor boundaries: Healthcare professional

- Burnout/compassion fatigue and excessive emotional grief
- Potential for triangulation or splitting of team members
- Impact on professional decision making
- Team members can feel betrayed or abandoned
- Team members can feel set up for failure if provider is a “rescuer”
- Reputation of the agency can be put at risk
- Provider could violate professional ethical standards
- May be emotionally traumatized and/or put in danger

Consequences of poor boundaries: Patient/family

- May not receive services necessary to meet their needs
- May be reluctant to accept future services
- May feel betrayed or abandoned
- May feel poorly served by teammates if the primary provider is a “rescuer”
- May feel responsible for the well-being of professional
- May feel additional stress or burden worrying about the professional
- May cheat patient and families of the ability to create new behaviors or develop new skills
- Patient outcomes at risk – can infer loss of rights through overinfluence that disallows patient choice



Boundary violations

How do boundary violations happen?

- Ask yourself:
 - Whose needs are being met?
 - Would I want my supervisor, peers, or others to observe this action?
 - Would I document this behavior in the medical record?
 - Does this serve the best interests of the patient or family?
 - Am I working harder than the patient and family?

What are my needs?

- What are MY unmet needs?
- Where am I vulnerable?
- What wounds do I have?
- What are my motivations, my causes, or my reasons?
- *Am I a rescuer?*



Characteristics of rescuers

- Provide quick fixes
- Take ownership of things they don't own
- Feel caught in the middle
- Drained from resentment
- Hide the truth to protect people
- Like to control the show
- Difficult watching less competent people learn new skills
- Obsess about other people's problems
- Get angry when others don't take their advice
- Difficulty saying "no"

Signs of boundary issues



Frequently thinking about a patient outside typical care and concern

Patient and professional begin referring to one another as “friends”

Professional receives or gives gifts to the patient

Patient has professional’s home or cell number, or other significant personal information

Patient has knowledge of professional’s personal information

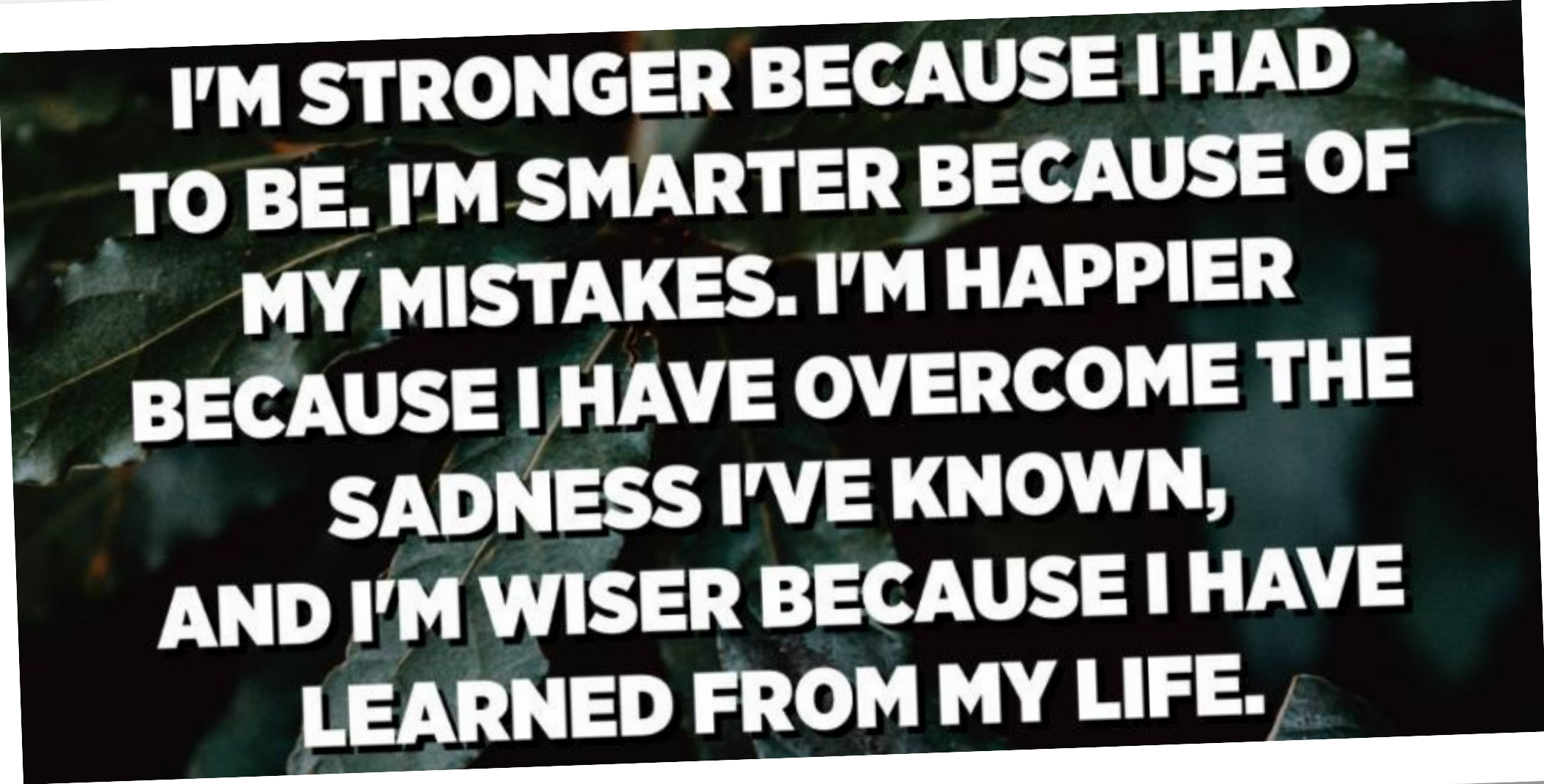
Patient and professional socialize outside the professional setting

Professional offers assist to patient outside his/her role

Professional “vents” with patient/family members about other professionals on the team

Respecting boundaries

- *I am not a member of this family, nor am I a “friend...”*
- Maintain guest status. You have been invited to assist; NOT take over
- The patient/family are in charge of their goals of care
- Remember to ask permission
- When in a patient’s home respect their privacy
- Maintain some formality in dress, language, and personal presentation
- Avoid pet names – “honey, sweetie, babe”



**I'M STRONGER BECAUSE I HAD
TO BE. I'M SMARTER BECAUSE OF
MY MISTAKES. I'M HAPPIER
BECAUSE I HAVE OVERCOME THE
SADNESS I'VE KNOWN,
AND I'M WISER BECAUSE I HAVE
LEARNED FROM MY LIFE.**

What is a therapeutic relationship?

- **An agreed upon purpose** – both the pt/family and professional know why we are working together – to meet the needs of the patient/family as related to the terminal diagnosis.
- **A specific time frame:** pt/family and professional know that the relationship ends when the pt/family no longer need services.
- **Interests of patient/family are primary:** all team members are focused on the interest/goals of the pt/family. **We are not there to meet our own needs.**
- **Professional has specialized knowledge/skill:** professionals have special training in end-of-life care.

Challenges to the therapeutic relationship

Transference: when a patient or caregiver redirects their feelings about a specific person onto the clinician

- *Examples:*

- Patient or caregiver puts unrealistic demands on you
- Patient or caregiver displaces anger onto you during a visit when talking about an abusive relationship

Countertransference: when you as the clinician transfer your feelings onto the patient or caregiver

- *Examples:*

- A clinician offers advice instead of listening to the patient or caregiver's experience
- A clinician inappropriately discloses personal experiences to the patient or caregiver

Boundaries and Social Media

Social media in health care

Social media impacts confidentiality and privacy

- **Privacy** is the patient's expectation to be treated with dignity and respect
- **Confidentiality** is safeguarding patient information
 - Any patient information learned by the clinician during treatment must be protected by the clinician
 - Such information may only be disclosed to other members of the health care team with the goal of providing care
 - Confidential information should be shared only with the patient's informed consent
- Clinicians are obligated to safeguard confidential information

Social media use

- More millennials are entering the healthcare workforce
- Social media use is integrated into daily life
- Many academic programs incorporate social media into distance learning via interactive online learning environments
- Policies and procedures regarding the use of social media for healthcare organizations



Social media violations



Citadel Winston-Salem – TikTok 2021

Spectrum Health – Instagram 2021

Ballad Health – Online 2020

Lincoln Hospital – YouTube 2020

Hospital Corporation of America – Facebook group 2020

Elite Dental Associates – Yelp 2019

Glenview Nursing Home – Snapchat 2019

Northwestern Medical Regional Group – Twitter 2019

South Carolina Hospice/Home Healthcare – Instagram direct message 2018

Social media risks



Privacy rights violations



Impact on work/life balance



Misrepresentation or damage to an organization or agency



Discovering personal information that could be concerning



Personal opinions being seen by a wider audience than intended



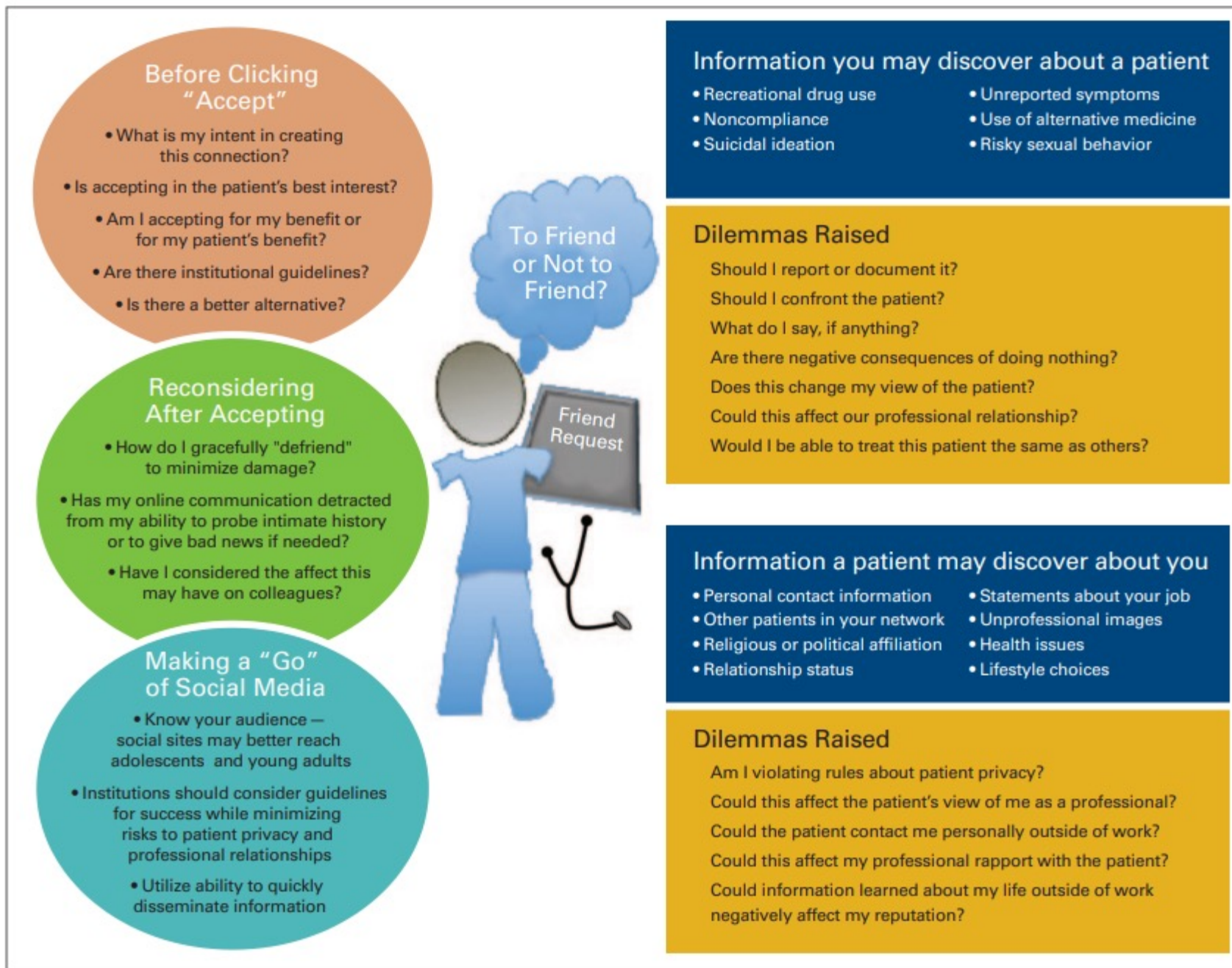


Figure 1. Communication with patients through social networking.

Conclusion

- It is important to establish professional boundaries as they protect the professional, teammates, and patients/families
- Poor boundaries can cause harm/trauma to the professional, co-workers, and patients/families
- Allow patients/families the ability to be the hero of their own story
- Question intent and whose need is being met
- Use caution with social media

Scenario 1

- Mrs. Johnson who is always the perfect hostess offers Cindy a cup of coffee every time she visits. Cindy accepts the coffee and then starts her care after her coffee and brief chat with Mrs. Johnson.
 - Mr. Johnson has been on service for over a year now. Mrs. Johnson who is 85 and very small is getting more and more fatigued and is showing signs of her own decline. Despite this, she continues to make sure Cindy has a cup of coffee at every visit.
- Is this a boundary violation?
 - Why?

Scenario 2

- Sandy and Jenny have worked together for a number of years and consider themselves “friends” in and outside of work. One day, Sandy was telling Jenny how frustrated she was that Linda, one of the other staff members had not “finished” what she saw to be Linda’s work for the day.
 - Jenny decided to call Linda and tell her that she needed to complete her work every day and not leave it for Sandy to have to complete later.
- Is this a boundary violation?
 - Why?

Scenario 3

- Sara has been the professional caring for Mrs. Smith for many months. Recently Mrs. Smith has taken a turn for the worse and despite Sara's expertise and diligence, Mrs. Smith develops a UTI. She is non-responsive, so the Medical Director opts not to treat with antibiotics. Sara takes this very hard and apologizes to the family for not preventing this from happening. The niece who has become very fond of Sara, consoles her and tells her this is not her fault.
- Is this a boundary violation?
- Why?

Scenario 4

- Sally had been managing Mrs. Jones' case for over a year. After considering changes in assignments by management, Sally notifies Mrs. Jones' daughter that she may no longer be the team member on her case. She informs the daughter how important continuity of care is and that her mom probably wouldn't do as well with another team member. The daughter becomes upset and calls the office to speak with a supervisor.
- Is this a boundary violation?
- Why?

Scenario 5

- Kelly has been asked to help Julie with a particular patient. When getting all the items necessary to deliver care, Kelly complains to Julie about how many miles she must drive to some of her patients. Julie takes the opportunity to remind Kelly that she too has patients many miles apart at times as do other staff members. Kelly ignores this and starts to discuss patients she has had in the past and that she was the only one that has had to drive that far.
- Is this a boundary violation?
- Why?

Scenario 6

- Jasmine has been taking care of Mr. Card for many months now. His appetite has always been poor but whenever he was offered a Wendy's Frosty, he would drink the whole thing. Jasmine made a habit of picking up a Frosty before each visit. With very short notice, Jasmine's husband was transferred to a new location, and she had to give up her position caring for Mr. Card. Viola was asked to replace Jasmine. She was informed of the Frosty "deal" but Viola who was recently divorced did not have the financial means to continue this practice.
 - Is this a boundary violation?
 - Why?

Scenario 7

- Mrs. Poe's daughter Shelby tells Tim that she needs a specific piece of equipment because of the pain she experiences. Tim tells Shelby that he's "old school" and that she doesn't need that fancy new stuff, he can show her a better way to move her mom. Shelby again tries to explain that they have tried other things and it is too much for her mom without this piece of equipment.
 - Is this a boundary violation?
 - Why?

Scenario 8

- Sammie has been caring for Markus who has high needs and a high needs family. The patient/family have her personal cell phone number and call whenever they have a “crisis.” Markus has frequent “crises” and talks to Sammie almost daily. None of the other members of the team have been part of the plan of care and Sammie complains of being overwhelmed with the high needs of this patient/family.
- Is this a boundary violation?
- Why?

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Thank you!

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